



HOTEL RESERVATION FORM
7TH ASIA PACIFIC MEDICAL EDUCATION CONFERENCE (APMEC)
National University of Singapore, Yong Loo Lin School of Medicine
4 TO 8 FEBRUARY 2010

Hotel rooms are available to participants at conference rate for the abovementioned conference only. Rooms are subject to availability. Please fill in the hotel reservation form should you wish to make room reservation and fax or email by **4 January 2010** directly to:

Attention	: Ms Mae Gan (Senior Sales Manager)	Address	: Grand Park City Hall
DID	: 65 6432 5503		10 Coleman Street
			Singapore 179809
Fax	: 65 6334 2962	Tel	: 65 6336 3456
Email	: mae.gan@parkhotelgroup.com	Website	: www.parkhotelgroup.com

Personal Particulars

Name (Prof. / Dr. / Mr. / Mrs / Ms) _____ Passport No. _____

Designation _____ Organisation _____

Address _____

Telephone _____ Fax _____ Email _____ (Compulsory)

Sharer Name _____ Passport No. _____

Accommodation Details

Arrival Date _____ Flight No. _____ Arrival Time _____

Departure Date _____ Flight No. _____ Departure Time _____

- Superior Room at S\$230++ (Single) per room per night (with breakfast)
- Deluxe Room at S\$260++ (Single) per room per night (with breakfast)
- Additional Breakfast at S\$20++ per person per day
- Smoking Non-Smoking

Above room rates are subject to 10% service charge and 7% GST

Number of Rooms : _____

Method of Payment : Personal Account

Credit Card to Guarantee : Amex / Visa / Mastercard / Diners / JCB (**Please select**)

Credit Card Number : _____ Exp. Date : _____

Signature : _____ 3 Digit Security No. : _____

No-Show / Cancellation

Any cancellations or amendments must be made before 4pm (local time) 1 day prior to the date of arrival. Otherwise a Cancellation fee/ No-show charge equivalent to the room rate for the first night will be levied. Standard check-in time is after 1400 hours and check-out time is at 1200 hours. Early check-in is subject to availability.