

# Reservation Form



## 7<sup>th</sup> Asia Pacific Medical Education Conference 4 – 8 February 2010

Reservations may be made by completing this form and returning it to the following:

Fax: +65 6349 4830 / Email: [reservation@riverview.com.sg](mailto:reservation@riverview.com.sg)

From: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E mail: \_\_\_\_\_

Surname:		First Name:	
Arrival Date:		Departure Date:	
Flight Details:		Flight Details:	

### Room Type & Daily Special Rates (please select one)

<input type="checkbox"/>	Superior Single with breakfast	S\$185++	<input type="checkbox"/>	Superior Twin/Double with breakfast	S\$205++
<input type="checkbox"/>	Deluxe Single with breakfast *	S\$215++	<input type="checkbox"/>	Deluxe Twin/Double with breakfast *	S\$235++

\* For booking under deluxe room rate, guest will enjoy one in room wireless internet access  
(Guest has to equipped with their own laptop for wireless internet access)

### Remarks

- Rates are in SINGAPORE DOLLARS, subject to 10% service charge & prevailing GST unless otherwise stated
- Rates are valid for the above event, for 1-11 February 2010 only
- Reservation will be confirmed upon received of prepayment or guarantee by credit card
- **Reservation must be made before 21 January 2010 to enjoy the above special rates**
- **Advance reservation is required, room is subject to availability upon confirmation**
- Please be advised of the following cancellation policy
  - one night's room charges is applicable for cancellation made less than 7 days prior arrival
  - 50% of the room charge for the total length of stay or one room night charge, whichever is more, is applicable for cancellation made less than 3 days prior arrival
  - 100% of the room charge for the total length of stay is applicable for no show or cancellation on arrival day
- Check-in time is after 14:00 hour and Check-out time is before 12:00 hour (Early Check-in & Late Check-out will be subject to room availability and surcharges).

Credit Card Guarantee : \_\_\_\_\_ Amex \_\_\_\_\_ Visa \_\_\_\_\_ Master \_\_\_\_\_  
 Credit Card No : \_\_\_\_\_ Expiry Date : \_\_\_\_\_  
 Credit Card Holder Name : \_\_\_\_\_ Signature : \_\_\_\_\_

### Hotel Use

Confirmed by : \_\_\_\_\_ Date : \_\_\_\_\_ Confirmation No. : \_\_\_\_\_