## **Reservation Form**





## 8<sup>th</sup> Asia Pacific Medical Education Conference 26 – 30 JANUARY 2011

Reservations may be made by completing this form and returning it to the following: Fax: +65 6349 4830 / Email: reservation@riverview.com.sg

From: Tel: _		Fax:		Fax: E	E mail:	
Surname:				First Name:		
Arrival Date:				Departure Date:		
Flight Details:				Flight Details:		
Room Type & Daily Spe	ecial Rates	(please sele	ect	one)		
□ Superior Single with breakfast				Superior Twin/Double v	ouble with breakfast S\$195++	
□ Deluxe Single with breakfast		S\$205++		Deluxe Twin/Double wi	th breakfast	S\$225++
<ul> <li>Rates are valid for the above</li> <li>Reservation will be confirmed.</li> <li>Reservation must be maded.</li> <li>Advance reservation is remarked.</li> <li>Please be advised of the formula of the room charged.</li> <li>50% of the room charged cancellation made less to the room charged.</li> <li>100% of the room charged.</li> </ul>	ove event, formed upon rece to before 11 J quired, room ollowing cand to sis applicable of for the toto than 3 days p	r 22 January - ceived of preparament of the content	2 F  yma  to e  vai  v  tion  y  is	wice charge & prevailing GST ebruary 2011 only ent or guarantee by credit card njoy the above special rates lability upon confirmation a made less than 7 days prior of rone room night charge, whis applicable for no show or cand the before 12:00 hour (Early Cl	l urrival ichever is more, is ucellation on arriv	s applicable for al day
subject to room availabili	ty and surche	urges).	ie is			
Credit Card Guarantee:		Amex		Visa	M	aster
Credit Card No:				Expiry Date :		
Credit Card Holder Nam	ne :			Signature :		
<b>Hotel Use</b>						
Confirmed by :		Date :		Confirmat	ion No. :	