

NATIONAL UNIVERSITY OF SINGAPORE (YONG LOO LIN SCHOOL OF MEDICINE)

"9th APMEC 2012"

(11 to 15 January 2012)

Attn: Reservation Department		DID: (65) 6739 6412 E-mail: reservations.riverfront@furama.co			FAX : (65) 6235 1280 com
□ New Booking		Amendment		Cancellation	$(\sqrt{\text{Please tick accordingly}})$
1. Name : P	rof/Dr/Mr/Ms				Designation:
	rof/Dr/Mr/Ms				Deciment in a
3. Name : P	rof/Dr/Mr/Ms				Designation:
Arrival Date	:	Flight No).	:	Expected time
Departure Date				:	•
No. of Rooms		N (0	uests		Expected time
Room Type	:	Room Ra	ate (Daily)	:	
Room Type	Room	Rate			
Deluxe Single	□ S\$2	00++ per room per	night (Inc	lusive compliment	ary 01 buffet breakfast & Internet access)
Deluxe Twin	□ S\$2	20++ per room per	night (Inc	lusive complimenta	ary 02 buffet breakfasts & Internet access)
Executive Club Sir	ngle □ S\$2	48++ per room per	night (Inc	lusive complimenta	ary 01 buffet breakfast & club's benefits)
Executive Club Tw	vin □ S\$2	68++ per room per	night (Inc	lusive complimenta	ary 02 buffet breakfasts & club's benefits)
♣ All rates quoted are s	which to 10% se	vice charge & 7% GST (G	ood & Service	Tay) on per room per n	ight hasis non-commissionable
 All rates quoted are subject to 10% service charge & 7% GST (Good & Service Tax), on per room per night basis, non-commissionable. Reservations and room type are subject to rooms' availability upon confirmation. The hotel reserves the right to charge full duration for any cancellation or shortening of the length of stay. 					
individual guest at tim	e of reservations f				rided, the Hotel reserves the right to release the rooms. All charges
the day before. Checl	k in between 0700	heck-out time is 1200hours I to 1400 hours is subjecte I day charge applies after	d to room ava	ailability on arrival unless	nd 0700hours (Singapore Time), please guarantee reservation for otherwise guaranteed for the day before. Late check out after
Remarks	<u>:</u>				
Contact Person	:				
E-Mail	:			Tel:	Fax :
FOR GUARANTE	E PURPOSE	S			
Should notice of cancel	llation after 28 D	vith credit card number December 2011, a cance te of the total room rever	ellation char	ge of the total room re	servations, rooms will be held till 12:00 noon the next day. venue will be levied to individual guests' credit card. Should ts' credit card.
Credit Card	: AM	EX / DINERS / JCE	3 / MASTE	R / VISA	
Name of Card Hol	der :				
Card No.	:				Expiry Date :
Signature	:				
FOR OFFICIAL U	SE				
	CONFIRMAT	ION OF THE BOOKIN	IG. PLEAS	E ACKNOWLEDGE	RECEIPT OF THE ABOVE RESERVATION:
Confirmed by:					Data :
Company's stamp	(Signatura :	-			Date:
Company's stamp/	oignature :				