## **Reservation Form**





## 9<sup>th</sup> Asia Pacific Medical Education Conference 11 – 15 JANUARY 2012

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: E mail:		
Surname:				First Name:		
Arrival Date:				Departure Date:		
Flight Details:				Flight Details:		
Room Type & Daily Spe	cial Rates	(please sele	ect	one)		
□ Superior Single with breakfast				Superior Twin/Double v	ble with breakfast S\$215++	
□ Deluxe Single with breakfast		S\$225++		Deluxe Twin/Double wi	th breakfast	S\$245++
Remarks  Rates are in SINGAPORE DOLLARS, subject to 10% service charge & prevailing GST unless otherwise stated  Rates are valid for the above event, for 9 – 17 January 2012 only  Reservation will be confirmed upon received of prepayment or guarantee by credit card  Reservation must be made before 11 December 2011 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	M	aster
Credit Card No:				Expiry Date :		
Credit Card Holder Nam	e :			Signature :		
Hotel Use						
Confirmed by:		Date :		Confirmat	ion No. :	