

Singapore Actuarial Society PCS VIII

19 November 2018 Hotel Reservation

Please fill in this form and fax or email to Ms. Kristine Yang

E: kristineyang@fareast.com.sg

T: +65 6812 6917 **F:** +65 6812 6999

DATE:

A. PERSONAL INFORMATION	N			
☐ Mr ☐ Mrs ☐ Ms		ast Name :		First Name :
Company :		Email	Address :	
Address :				
Contact No.:		Fax N	0.:	
B. RESERVATION DETAILS				
Arrival Date (dd/mm/yy):	A	rrival Flight No. :		Estimated Time of Arrival (hh:mm):
Departure Date (dd/mm/yy):	D	eparture Flight No. :		Estimated Time of Departure (hh:mm):
C. ROOM TYPE REQUEST (Ple	ase note that we are a sn	noke-free hotel)		
Booking Request: Deluxe Room: S\$240++ inclusive of one breakfa				
☐ King-bed				
 Kindly return this reserva All reservations are subje The Hotel reserves the rig 	ct to room availabil	ity and rate change at the		
D. METHOD OF GUARANTI	EΕ			
American Express	Diners Club	☐ MasterCard	Name (as it appear	s on the card):
□ VISA	JCB			
Credit Card No. :				
Expiry Date (mm/yy):				
			Cardholder's Sign	nature :

TERMS & CONDITIONS:

• Check-in is at 1400hrs and check-out is at 1200hrs. Special requests/room types are subjected to availability. Guarantee Policy: A credit card number is required to confirm or guarantee your reservation. Cancellation Policy: Reservation must be cancelled 2 working days prior to arrival. Otherwise, there will be a one-night penalty fee charged to the credit card guaranteed for "No-Show" or Cancellation. Requests for room preferences and early arrival or late departure are subject to room availability.

FOR OFFICAL USE	
With pleasure, we confirm your reservation. Your confirmation number is :	