

6th Practising Certificate Seminar Hotel Reservation

Please fill in this form and fax or email to Ms. Jasmine Ang

 DATE:

Δ	PERSONAL	INFORMATION

☐ Mr ☐ Mrs ☐ Ms	La	st Name :		First Name :
Company :			Email Address :	
Address :				
Contact No.:			Fax No.:	
B. RESERVATION DETAILS				
Arrival Date (dd/mm/yy):	Ar	rival Flight No. :		Estimated Time of Arrival (hh:mm):
Departure Date (dd/mm/yy):	De	eparture Flight No	o.:	Estimated Time of Departure (hh:mm):
C. ROOM TYPE REQUEST (Pleas Booking Request Superior Room: S\$205+- inclusive of breakfast and	⊦ per room per n	ight		S\$275++ per room per night breakfast and Internet (Single)
Deluxe Room : S\$215++ inclusive of breakfast and				
☐ King-bed ☐ Twin-Bed				
D. METHOD OF GUARANTEE				opears on the card):
American Express	Diners Club	☐ MasterCar	rd	
VISA	JCB			
Credit Card No. :				
Expiry Date (mm/yy):				
Kindly return this reserva	tion form hefore		Cardholder ^e	's Signature :

- Any reservation received after this date will be subject to room availability and rate change.
- The Hotel reserves the right to offer rooms of a higher category if

TERMS & CONDITIONS:

• Rate is subject to 10% service charge and 7% GST • Check-in is at 1400 hrs and check-out is at 1200 hrs • 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" • 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:

888888888888888