(Regn. No.:52945911J)
2 Stamford Road, Singapore 178882
Room Reservations Tel: (65) 6339 6633 Room Reservations Fax: (65) 6336 5117 Email: reservations.singapore@swissotel.com / reservations.fairmont@swissotel.com

ROOM RESERVATION FORM

10th Singapore International Reinsurance Conference
08 – 11 November 2009

A. Room Reservation Request

Title : ☐ Mr ☐ Mrs ☐ Mdm ☐ Ms

Family/Last Name : _____ Given/First Name : _____

Company : _____

Designation : _____

Mailing Address : _____

City : _____ State : _____ Postal/Zip Code : _____

Country : _____ Phone : _____ Fax/Telex No : _____

Date of Arrival : _____ Date of Departure : _____ Number of Nights : _____

Flight Number / Arrival Time : _____ Flight Number / Departure Time : _____

(Check-in time : 2 pm, Check-out time : 1 pm)

- If you are arriving between midnight and the official check-in time, please make the reservation for the day before.

B. Room Type & Rate (Please tick appropriate box)

Swissôtel The Stamford	Fairmont Singapore	Preference
Classic Room	Fairmont Room	☐ Smoking
☐ S$ 280 ++	☐ S$300 ++	☐ Non-Smoking

- Room rate is inclusive of 1 daily breakfast and for single occupancy. Reservations received after **07 October 2009** will be subject to hotel availability.
- All room rates are in Singapore Dollars and are subject to 10% service charge and prevailing goods & services tax

C. Room Deposit

Please bill to my credit card : ☐ MASTERCARD ☐ VISA ☐ AMERICAN EXPRESS

Card Number : ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date : _____

Card holder's name on credit card : _____
(Please print)

Signature : _____ Date : _____

Terms & Conditions

- **Rooms will be confirmed only if guaranteed by credit card.**
- **One night cancellation charge is applicable for cancellation received after 07 October 2009**
- **No-show/cancellation on the day of scheduled arrival, a charge will be levied for the entire duration of the accommodation booked**
- **This form is not valid for 3rd party authorisation. Kindly contact hotel directly for this arrangement.**

Official Use

Taken By : _____ Date/Time : _____

Confirmed By : _____