## HOTEL BOOKING FORM

Please return the completed hotel reservation form and send before 15 June 2010 to Global Travel Pte Ltd, email - <u>dmc@globaltravel.com.sg</u>. All booking received after the deadline of 15 June 2010 will be subject to space availability and the best prevailing rate offered by the respective hotel at the point of reservation. Please select your choice of hotel:

S/N	Hotel	Rate per Night	S/N	Hotel	Rate per Night
1	Fairmont Singapore Preferred	\$\$265.00++	2	Swissotel The Stamford Preferred	S\$245.00++
1	Hotel	\$\$325.00++	2	Hotel	S\$305.00++
3	Fullerton Singapore	S\$350.00++	4	Mandarin Oriental	S\$265.00++
5	Pan Pacific Singapore	S\$260.00++	6	Carlton Singapore	S\$240.00++
7	Peninsula Hotel	S\$185.00++			
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NOTE

- Rates quoted are subject to 10% service charge and 7% Goods & Service Tax
- One breakfast is included in room rate for Hotel #3 7 only
- One night non-refundable deposit is required upon reservation guaranteed by a valid credit card, equivalent to one night rate + taxes
- In the event of no-show, an additional one night room and tax will be charged to the credit card provided
- Check-in time is after 1400hrs and check-out time is at 12 noon
- A confirmation will be sent via email once booking has been made

COMPLETE DETAILS IN FULL	

Organization:   Address:   City/State :   Country:   Tel. No:   Fax No.:   Email:   Hotel:  (1^{st} Choice)   Arrival Date:   Flight No:   Arrival Time:   Departure Date:   Flight No:   Departure Time:	Salutation D Prof	🗆 A/Prof 🛛 Dr. 🛛	Mr. 🛛 Mrs.	□ Ms. □ Other	S					
Address:         City/State :       Country:         Tel. No:       Fax No.:       Email:         Hotel:	Family Name:		Given Name:							
City/State :       Country:         Tel. No:       Fax No.:       Email:         Hotel:      (1 <sup>st</sup> Choice)      (2 <sup>nd</sup> Choice)         Arrival Date:       Flight No:       Arrival Time:         Departure Date:       Flight No:       Departure Time:         Room Type:       Single       Double       Twin       Non- Smoking       Smoking         To guarantee your reservation, kindly provide your credit card details in the space below:	Organization:									
Tel. No:       Fax No.:       Email:         Hotel:      (1^{st} Choice)      (2^{nd} Choice)         Arrival Date:       Flight No:       Arrival Time:         Departure Date:       Flight No:       Departure Time:         Room Type:       Single       Double       Twin       Non- Smoking       Smoking         To guarantee your reservation, kindly provide your credit card details in the space below:	Address:									
Hotel:	City/State : Country:									
Arrival Date:       Flight No:       Arrival Time:         Departure Date:       Flight No:       Departure Time:         Room Type:       Single       Double       Twin       Non- Smoking       Smoking         To guarantee your reservation, kindly provide your credit card details in the space below:       MasterCard       Visa         Card Number       -       -       -       -       -         Expiry Date       -       -       -       -       -       -	Tel. No:	Fax No.:		Email:						
Departure Date:       Flight No:       Departure Time:         Room Type:       Single       Double       Twin       Non- Smoking       Smoking         To guarantee your reservation, kindly provide your credit card details in the space below:       MasterCard       Visa         American Express       MasterCard       Visa         Card Number       -       -       -       -         Expiry Date       -       -       -       -       -	Hotel:		_ (1 <sup>st</sup> Choice)	· · · · · · · · · · · · · · · · · · ·	(2 <sup>nd</sup> Choice)					
Room Type:       Single       Double       Twin       Non- Smoking       Smoking         To guarantee your reservation, kindly provide your credit card details in the space below:       American Express       MasterCard       Visa         Cardholder's Name       Card Number       -       -       -       -       -	Arrival Date:	Flight No:		Arrival Time:						
Room Type:     Single     Double     Twin     Smoking       To guarantee your reservation, kindly provide your credit card details in the space below:       American Express     MasterCard     Visa       Cardholder's Name       Card Number       Expiry Date	Departure Date:	Flight No:	:	Departure Time	9:					
American Express     MasterCard     Visa Cardholder's Name Card Number Expiry Date	Room Type:	Single 🛛 Double	Twin	-	Smoking					
Cardholder's Name	To guarantee your	reservation, kindly provide	your credit card d	etails in the space <b>k</b>	elow:					
Card Number	American Expre	ss 🛛 MasterCard	🗆 Visa							
Expiry Date	Cardholder's Name	<u> </u>								
	Expiry Date			-						
Signature Date		-	_	Date						
Official Travel Agent										
Global Travel Pte Ltd										
480 Lorong 6 Toa Payoh East Wing #13-01 (HDB Hub) Singapore 310480	-		3 Hub) Singapore 3	10480						
Tel : (65) 6226 3633	• •									
Fax : (65) 6226 3673 Email: dmc@globaltravel.com.sg										