

ROOM RESERVATION FORM

**International Baccalaureate
IB ASIA PACIFIC REGIONAL CONFERENCE 2010
25 – 28 MARCH 2010**

Reservations received after 25 February 2010 will be subject to hotel availability.

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

Preference

Classic Room

S\$ 240.00 nett

Smoking

King

Non-Smoking

Twin

• Room rate is inclusive of daily breakfast and for single/double occupancy.

• All room rates are in Singapore Dollars and are subject to 10% service charge and prevailing goods & services tax

C. Room Guarantee

Please guarantee 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 room charge is applicable for cancellation received after 22 March 2010 and for no-shows.

• This form is not valid for 3rd party authorisation, kindly contact hotel directly for this arrangement.

Official Use

Taken By : _____ Date/Time : _____

Confirmed By : _____