

Reservation Form



浪景大酒店
River View
 Hotel SINGAPORE

10th International Conference on Laser Ablation / COLA 2009 22 - 27 November 2009

Reservations may be made by completing this form and returning it to the following:

Fax: +65 6349 4830 / Email: reservation@riverview.com.sg

From: _____ Tel: _____ Fax: _____ E mail: _____

Surname:		First Name:	
Arrival Date:		Departure Date:	
Flight Details:		Flight Details:	

Room Type & Daily Special Rates (please select one)

<input type="checkbox"/>	Superior Single with breakfast	S\$165++	<input type="checkbox"/>	Superior Twin/Double with breakfast	S\$185++
<input type="checkbox"/>	Deluxe Single with breakfast	S\$195++	<input type="checkbox"/>	Deluxe Twin/Double with breakfast	S\$215++

*In addition to the special rates, guests will enjoy one in room wireless internet access
(Guest has to equipped with their own laptop for wireless internet access)*

Remarks

- All rates are in SINGAPORE DOLLARS, subject to 10% service charge & prevailing GST unless otherwise stated
- Rates are valid for the above event, for 20 – 22 November 2009 only
- Reservation will be confirmed upon received of prepayment or guarantee by credit card
- **Reservation must be made before 8 November 2009 to enjoy the above special rates**
- **Advance reservation is required, room is subject to availability upon confirmation**
- Please be advised of the following cancellation policy
 - one night's room charges is applicable for cancellation made less than 7 days prior arrival
 - 50% of the room charge for the total length of stay or one room night charge, whichever is more, is applicable for cancellation made less than 3 days prior arrival
 - 100% of the room charge for the total length of stay is applicable for no show or cancellation on arrival day
- Check-in time is after 14:00 hour and Check-out time is before 12:00 hour (Early Check-in & Late Check-out will be subject to room availability and surcharges).

Credit Card Guarantee : _____ Amex _____ Visa _____ Master _____
 Credit Card No : _____ Expiry Date : _____
 Credit Card Holder Name : _____ Signature : _____

Hotel Use

Confirmed by : _____ Date : _____ Confirmation No. : _____