Orchard Parade Hotel

For reservation new/amendments bookings:

Reservations attention: Ms Chris See (Assistant Director of Sales)

Email: chrissee@fareast.com.sg

Direct Line: 65 6496 7658

Remarks:

For reservation new/amendments bookings in office hours (9.00am - 6.00pm from Mon - Fri except PH)

ROOM RESERVATION FORM

Maritime Port Authority of Singapore Date: 30 August 2016 to 01 September 2016

Rates quoted are for Orchard Parade Hotel and applicable for this event only. To book a room, please email your request directly to the hotel by latest Saturday, 30 July 2016, and is subjected to room's availability upon confirmation of booking. An acknowledgement will be sent to you upon confirmation of your room reservation. Prof. Family/Last Name First Name Name of Sharer _____ First Name (if applicable) Organization Mailing address : _____ Postal/Zip Code State _____ Country : _____ Phone : Date of Arrival : Date of Departure Flight No./ETA : Flight No./ETD Please note that the date and time of arrival and departure are subject to local Date and Time. The official hotel check-in time is 1400 hours and the check-out time is at 1200 hours. If you are arriving in the early hours of the morning, we suggest that you reserve your room for the night before to ensure that your room will be available upon check-in. Room Category * Preferential room rate is on first come first serve basis. Thereafter room and rate is subject to availability. **DELUXE Room** (Please Tick: √) (Single) @ \$\$195++ per room per night inclusive of internet and daily breakfast. (Twin) @ S\$215++ per room per night inclusive of internet and daily breakfast. Above rates is subject to 10% Service Charge and 7% Goods and Services Tax (GST) per room per night. Room reservation must be guaranteed by credit card and returned with a signature (as per credit card) by 06 November 2015. Accommodation and incidental are chargeable to personal account and have to be settled by the individual guest upon departure. **Credit Card Details (MANDATORY)** Please quarantee to my credit card American Express Visa _____ Expiry Date : ____ Card Number Cardholder's Name : Cardholder's Signature : **IMPORTANT NOTE** The hotel must be notified in writing on any cancellation at least 03 days prior to arrival. Full duration of stay will be levied for no show/shorten stay. Any cancellation made after receipt of confirmation will be charged the entire stay as cancellation fee. Any no-shows on the day of arrival will be charged the entire duration of stay as no-show charges. No refunds will be made to guest for shortening of stay. Request for early check-in and late check-out are subject to room availability. Flight details and credit card details are required to confirm the room reservations. For Hotel Use: YOUR RESERVATION IS CONFIRMED/WAITLISTED Confirmation Number: