



HOTEL BOOKING FORM

I. PERSONAL DETAILS DELEGATE (Please type clearly and use separate registration forms for each delegate)

Identification: Prof Dr Mr Mrs Ms Miss (please tick one)

_____/_____/_____
 First Name Middle Name Family Name

Job Title | Department |

Company |

Mailing Address |

City | State | Postal Code | Country |

Country/Area Code | Phone | Fax |

E-mail address |

Accompanying Person: If sharing with someone, please give his/her name

Dr Mr Mrs Ms | _____/_____
 First & Middle Name Family Name

Other Personal Information: (Please check your preferences)

Food Preference No Preference No Pork, No Lard Vegetarian No Beef

Room Type Preference Smoking Non-Smoking

*** Rates are subjected to 10% service charge and prevailing GST.**

* Please indicate: (1) for most preferred choice, (2) for 2nd preferred choice & (3) for 3rd preferred choice, and your room requirements.

* Breakfast rate is inclusive in the room rate.

All room assignments will be made on a first-come-first-served basis.

Name of Hotel	Room Type	Room Rate in SGD\$ (per room/ per night) <i>(Inclusive of breakfasts)</i>	Class	Choice Preferred in Numeric Order	Single with breakfast	Double/Twin with breakfast	Total No. of nights
		Single/ Twin			(a)	(b)	
Marina Square/ Suntec Area							
RITZ CARLTON	Deluxe	Single: SGD \$ 285.00++ Double: SGD \$ 327.00++	6 Star				
MARINA MANDARIN	Deluxe	Single: SGD \$ 265.00++ Double: SGD \$ 295.00++	5 Star				
MANDARIN ORIENTAL	Deluxe	Single: SGD \$ 280.00+ Double: SGD \$ 310.00++	5 Star				
PAN PACIFIC	Deluxe	Single: SGD \$ 265.00++ Double: SGD \$ 290.00++	5 Star				
Bras Basah Area/ Bencoolen Area							
RENDEZVOUS	Superior	Single: SGD \$ 220.00++ Double: SGD \$ 250.00++	4 Star				
BAYVIEW	Run-of-house	Single: SGD \$ 170.00++ Double: SGD \$ 180.00++	3 Star				
OXFORD	Superior	Single/Twin: SGD \$ 150.00++	3 Star				
Havelock Area							
FURAMA RIVERFRONT	Deluxe	Single: SGD \$ 190.00++ Double: SGD \$ 210.00++	4 Star				
MIRAMAR	Deluxe	Single: SGD \$ 165.00++ Double: SGD \$ 185.00++	4 Star				
RIVERVIEW	Superior	Single: SGD \$ 165.00++ Double: SGD \$ 185.00++	3 Star				

Prices stated are correct at time of printing.

Check-in Date : _____ Flight details : _____ Time : _____

Check-out Date : _____ Flight details : _____ Time : _____



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II. MODE OF PAYMENT CHECK CHOICES. YOUR ROOM RESERVATION IS NOT CONFIRMED UNTIL PAYMENT IS RECEIVED.

CREDIT CARD [please select one] VISA MASTERCARD AMERICAN EXPRESS

Card Holder's Name (as in credit card) : _____

Credit Card Number : _____ / _____ / _____ / _____
(15 digits for AMEX, 16 digits for VISA / MASTER)

Expiry Date : _____ / _____
(mm / yy)

For AMEX credit card holders only, please fill in the four digits security numbers printed (non-embossed) on the right-hand corner of the card _____

For VISAMASTERCARD credit card holders only, please fill in the three digits security numbers printed (non-embossed) on the signature panel on the reverse side of the card _____

I hereby authorise the hotel to charge one room night as deposit for reservation of room/s and full duration for any cancellation of the room/s made by me.
(Please refer to Terms and Conditions.)

Signature of Cardholder: _____ (Essential) Date of Authorisation: _____
(Authorising Charge and Acknowledging Cancellation Policy) (dd / mm / yy)

Terms and Conditions:

1. TO ENSURE THAT A ROOM HAS BEEN RESERVED, ALL INFORMATION IN THE BOOKING FORM NEEDS TO BE FULLY COMPLETED WITH SIGNATURE AND FAXED TO THE CONGRESS SECRETARIAT. NO RESERVATIONS WILL BE MADE FOR INCOMPLETE FORMS. EMAIL & TELEPHONE REQUESTS WILL NOT BE ACCEPTED.
2. All official hotels require a credit card number, expiry date and one night deposit to secure reservation. The remaining payment should be settled at check-out and will be charged in Singapore dollars. Any cancellation must be notified in writing to the Congress Secretariat & Housing Bureau by **15 October 2010**. In this case, full duration of room nights booked will be charged to your credit card.
3. Kindly note that the official check-in time is at 1500hrs and the check-out time is at 1200hrs and a 50% charge will be imposed for check-out before 1800hrs and a full day rate for check-out after 1800hrs.
4. For early arrival in the morning, you are advised to book an extra room night. An extra room night would not be reserved should the Congress Secretariat & Housing Bureau not receive any instruction to do so by you.
5. Please send by email or fax the duly completed and signed HOTEL BOOKING FORM to:
8th Asia Pacific Congress of Allergy, Asthma and Clinical Immunology
Congress Secretariat & Housing Bureau
c/o Ace:Daytons Direct (International) Pte Ltd
2 Leng Kee Road
#04-01 Thye Hong Centre
Singapore 159086
Fax: (65) 6475 2077
Email: hotel@apcaaci2010.org
6. Please retain a copy of this form for your record.
7. Within five working days from the receipt of the signed hotel booking form, an acknowledgement note with a confirmation number will be issued to you via email or fax only. Please state clearly your email address and fax number in the form.
8. As a limited number of rooms have been reserved for participants, please make and confirm your booking promptly. The closing date for hotel reservations is **15 October 2010**. After **15 October 2010**, the booking of rooms will be subject to room availability & prevailing rate at time of booking of the individual hotels. The Congress Secretariat and Housing Bureau will assist in making arrangements on hotel reservations on your behalf.