

ROOM RESERVATION FORM

ACTIFIT ASIA 2018

6 April 2018 to 8 April 2018

Please return this hotel reservation form to:

SHIRLEYN KOH

FURAMA CITY CENTRE SINGAPORE

Eu Tong Sen Street Singapore 059804 Tel: (65) 6531 5320 Fax: (65) 6538 4875 Email: shirleynkoh@furama.com

Family Name: First Name: (Mr / Mrs / N Name of Sharer: First Name: (Mr / Mrs / N Organization: Fax: Address: Country: Email: Check-in Date Flight No : ETA Hrs Check-out Date Flight No: **ETD** Hrs Room Type & Rates: (Please tick to select) **Single Double** (1-person stay) (2-persons stay) SGD 220.00NETT SGD 240.00NETT Deluxe Room (Room inclusive of daily breakfast and internet access) SGD 290.00NETT SGD 310.00NETT (Room inclusive of club benefits and internet access) * All room rates quoted are inclusive of 10% service charge and prevailing government taxes per room per night * Rates quoted above are a special group rate and is subjected to changes without prior notice upon confirmation * Reservations must be received by 5 March 2018 (Monday), otherwise rates quoted will not be applicable. Any booking after the cut-off date (5 March 2018, Monday), room and rates will be subject to room availability. Check-in Time: Our standard check in time is at 2.00pm. In order to guarantee immediate early check in, it is advisable to reserve the evening before your actual arrival at one night's room charge. Check-out Time: Our standard check out time is at 12.00pm. An extended check out till 6.00pm can be arranged at half day's room charge and thereafter at full day charge. Cancellation/No-Show: Cancellation received after 1200hrs (local time) three (03) days prior to arrival or failure to show-up will result in a first night room charge plus taxes to the credit card. Non-quaranteed Room reservation without arrival flight details and not quarantee by credit card / company account, the Hotel will release the room after 1800hrs. Yes, I accept the above terms and conditions and authorize Furama City Centre to charge the above reservation to: **AMEX DINERS** MASTER VISA Name of Cardholder: Card Number: Expiry Date: Year Signature: **FOR HOTEL USE ONLY** Processed By

Booking form received:

Confirmation sent on

Confirmation No