Holiday Inn HOTELS · RESORTS
ATRIUM SINGAPORE

1st International Basic Allergy Course
28 – 30 July 2010
HOTEL RESERVATION

Please return this hotel reservation form to :
Mr Ken Yong / Ms Patsy Lim
Assistant Director of Sales
Tel : (65) 6731 7159 / HP (65) 9003 7308 / Fax : (65) 6734 3968
E-mail : ken.yong@hiatrium.com

☐ **New Reservations** ☐ **Amendment** ☐ **Cancellations**

Names & Flight Details

(Mr / Mrs / Ms / Dr) _____
(Family Name) (Given Name)

Arrival Date :	VIA (Flight #)	ETA
Departure Date :	VIA (Flight #)	ETD

Accommodation Requirement

No. of Rooms	Room Type	No. of Guests :	Room Rate Per room Per Night
	Superior Room 01 breakfast / Internet	Adult Child	☐ SGD $ 180.00 nett
	Superior Room 02 breakfasts / Internet	Adult Child	☐ SGD $ 200.00 nett
Remarks:			

Terms and Conditions

- The above rates is valid for reservation made before 28 June 2010, any reservation made or received after this will strictly subject to availability and revised rates.
- Guestroom reservations may be guaranteed by credit card
- Non-guaranteed reservations will be held until 6pm on the day of scheduled check-in and released thereafter without notice.
- If a reservation is cancelled less than 24 hours prior to the date of check-in, a cancellation fee equivalent to one (1) night's accommodation rate will apply. A no-show fee equivalent to one (1) night's accommodation rate will also apply.
- The check-in time is 2pm and check-out time is 12 noon. Requests for earlier check-in or extended check-out are subject to availability and this may be guaranteed by reserving an additional night prior to or after the intended length of stay.

PAYMENT INSTRUCTIONS

Guest to settle all accounts upon departure	**HOTEL USE ONLY**
Guest's Signature: **Date:**	**Reservations Confirmed by** **Confirmation No.** **Billing/Payment Instructions**
Credit Card Number : Amex/Visa/MasterCard : Expiry Date : Name on Credit Card :	**Date :** **Signature & Hotel Stamp:**