

(Regn. No.:52945911J)

Daniel Koh Tel: 6431 5566

80 Bras Basah Road, Singapore 189560 Sales Department Fax: 6336 8783 Email: <u>Daniel.koh@swissotel.com</u>

## RESERVATION FORM VISA INTERNATIONAL PTE LTD 27-28 June 2006

A.	Room Reservation Request		
	Title: ☐ Mr ☐ Mrs ☐ Mdm ☐ Ms		
	Family/Last Name : Given/First Name :		
	Company :		
	Designation :		
	Mailing Address :		
	City : State :	Postal/Zip Code :	
	Country : Phone :	Fax/Telex No :	
	Date of Arrival : Date of Departure :	Number of Nights :	
	Flight Arrival Time : Flight Departure Time : (Check-in time : 2 pm, Check-out time : 1 pm)		
	If you are arriving between midnight and the official check-in time, please make the reservation for the day before.		
В.	Room Type & Rate (Please tick appropriate box)		
	Swissotel The Stamford Preference		
	□ Deluxe □ S\$ 230.00+++ □ King □ Smoking		
	□ Double □ Non-Smoking		
	<ul> <li>Room rates is inclusive of 1 breakfast. Breakfast will be chargeable at \$\$30+++ per person</li> <li>All room rates are in Singapore Dollars and are subject to 10% service charge, 1% government tax and 5% goods &amp; services tax.</li> <li>Room preferences are subject to availability</li> <li>Please email back the reservation form to the mentioned email address above.</li> </ul>		
C.	C. Room Deposit		
Please bill to my credit card :   Mastercard  VISA  American Express  Expiry Date :			
	Card holder's name on credit card :(Please print)		
	Signature : Date :		
	Terms & Conditions		
	<ul> <li>Rooms will be confirmed only upon receipt of cheque for one night deposit or guaranteed by credit card.</li> <li>A total room night charge (5 nights) is applicable for cancellation received after 12 June 2006 and for no-shows.</li> </ul>		
	<ul> <li>Please fax or email all form before the close-up date of 1 June 2006</li> </ul>		
Official Use			
Taken By : Date/Time :			
Confirmed By :			

Group Code SM/CSM



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