

**Singapore Orthopaedic Association - 38th Annual Scientific Meeting
15 - 17 October 2015, Grand Copthorne Waterfront Hotel**

HOTELROOM RESERVATION

- Hotel reservations and arrangements are the sole responsibility of delegates.
- Room reservations are confirmed with a **ONE night non-refundable deposit** make payable to Citystate Travel Pte Ltd followed by balance payment on and before **10 September 2015**
- In the event that your travel dates change after submitting this form, please notify Citystate Travel immediately.
- Rates are valid only from **15-18 October 2015**

Cancellation / No Show Policy

- A cancellation charge equivalent to one night room charge is levied in the event of cancellation for each confirmed reservation.
- Any cancellation made on or after **11 August 2015** is subject to **FULL CANCELLATION CHARGE** based on **FULL LENGTH OF STAY** as per original room reservation request.
- In the event of early departure or no show, the **FULL LENGTH OF STAY** based on original reservation at the time of booking is levied.
- Any refund, if any must be settled within 7 days after event closed.

For further information, please contact:

Citystate Travel Pte Ltd

11 Keppel Road, #09-01, ABI Plaza, Singapore 089057

Tel: (65) 6222 9000 Fax: (65) 6220 0288

Email: henry.pang@rezsource.travel

Contact Person: Mr Henry Pang

Hotel	Category	Distance to Conference Hotel	Room Rate (Single)	Room Rate (Twin)	Breakfast	No. of rooms Required
Meeting Venue Grand Copthorne Waterfront	5*	N.A	S\$353.00 nett	S\$377.00 nett	Inclusive	
Supporting Hotel Copthorne King's	4*	Walking distance	S\$215.00 nett	S\$230.00 nett	Inclusive	

Note

- Rates quoted are nett rate inclusive of 1% cess, 10% service charge and current prevailing goods & service
- All credit card charges will be made by the merchant name of "CITYSTATE/ REZSOURCE"

PAYMENT & CREDIT CARD DETAILS		
<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card no.:	Expiry Date:	(dd-mm-yy)
Cardholder's name:		
Amount: S\$		
Signature:		
COMPLETE DETAILS IN FULL		
Name of Guest:		
Organisation:		
Address:		
Tel. No:	Fax No.:	Email:
Hotel: _____ (1 st choice) _____ (2 nd choice)		
Arrival Date:	Flight No:	Arrival Time:
Departure Date:	Flight No:	Departure Time:
Room Type:	<input type="checkbox"/> Single	<input type="checkbox"/> Double
	<input type="checkbox"/> Twin	<input type="checkbox"/> Non-Smoking
		<input type="checkbox"/> Smoking