swissôtel THE STAMFORD
SINGAPORE

(Regn. No.:52945911J)

2 Stamford Road, Singapore 178882
Room Reservations Tel: 6339 6633 Room Reservations Fax: 6336 5117 Email: reservations.singapore@swissotel.com

ROOM RESERVATION FORM

ROOM ACCOMMODATION FOR DISPUTE BOARD FEDERATION/ ANNUAL SYMPOSIUM
2 TO 5 NOVEMBER 2010
(BLOCK CODE: 0610SUMM–007)

A. Room Reservation Request

Title: ☐ Mr ☐ Mrs ☐ Mdm ☐ Ms ☐ Dr ☐ Prof

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 Number / Arrival Time: _____ Flight Number / Departure Time: _____

(Check-in time: 2 pm, Check-out time: 1 pm)

B. Room Type & Rate (Please tick appropriate box)

	Swissôtel The Stamford	Preference
☐ Classic	☐ S$270.00++ (Inclusive of 1 Daily American Buffet Breakfast)	☐ King ☐ Double ☐ Smoking ☐ Non-Smoking

- Reservations received after 1 October 2010 will be subject to hotel availability.
- All room rates are in Singapore Dollars and are subject to 10% service charge and 7% GST.
- Room preferences are subject to availability.

C. Room Deposit

Please bill to my credit card: ☐ MASTERCARD ☐ VISA ☐ AMERICAN EXPRESS

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: _____

Card holder's name on credit card: _____
(Please print)

Signature: _____ Date: _____

Terms & Conditions

- **Rooms will be confirmed upon receipt of the confirmation slip by the hotel.**
- **Full duration charge is applicable for no shows.**
- **A one night non-refundable deposit required upon making reservation.**

Official Use

Taken By: _____ Date/Time: _____

Confirmed By: _____