



317 Outram Road, Singapore 169075 Tel: (65) 6733 0188 Fax: (65) 6733 0989

ROOM RESERVATION FORM

New Reservations

Amendment

Cancellations

Names & Flight Details

Event Name : **Novell Asia Pacific Partner Academy 2009**
Event Date : **13 July 2009 – 17 July 2009**

| | | |
|---------------------------|---------------|--------------|
| (Mr / Mrs / Ms / Dr) | (Family Name) | (Given Name) |
| Arrival Date (DD/MM/YY) | Flight No. | ETA |
| Departure Date (DD/MM/YY) | Flight No. | ETD |

Accommodation Requirement

| No. of Rooms | Room Type | Room Rate |
|--------------|----------------------|-----------------------------------------------|
| | Business Room Single | SGD150 ++ (inclusive of 01 buffet breakfast) |
| | Business Room Double | SGD170 ++ (inclusive of 02 buffet breakfasts) |

Special Instructions:

Terms and Conditions

- Guestroom reservations must be guaranteed by credit card
- 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 2 pm 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.
- **Rates are subject to 10% Service Tax and prevailing GST.**
- **Cut-off period for bookings will be on 30 June 2009. After this date, room will be subject to room and rate availability upon reservation**

PAYMENT INSTRUCTIONS

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Guest to settle all accounts upon departure | |
| Guest's Signature: | Booking Confirmation No: |
| Date: | |
| Credit Card Number: Type of Card: AMEX/ MASTER / VISA (please circle one) Expiry Date: Name on Credit Card: Contact No. Fax No. Email Address: | Kindly send your booking forms to: Ms Rosmalah Ahmat Business Development Coordinator Tel : (65) 6731 7151 Fax : (65) 6734 3968 Email: rosmalah.ahmat@hiatrium.com |