

swissôtel THE STAMFORD

SINGAPORE

2 Stamford Road, Singapore 178882

Room Reservations Tel: 6339 6633

Room Reservations Fax: 6336 5117

Email: reservations.singapore@swissotel.com

ROOM RESERVATION FORM

Koelnmesse Pte Ltd

SIGGRAPH Asia 2012, 26 November to 3 December 2012

(Please submit the Room Reservation Form by **25 October 2012**, confirmation of guestroom will be subjected hotel's availability.)

A. Room Reservation Request

Title : Mr Mrs Mdm Ms

Family/Last Name : _____ Given/First Name : _____

Company : _____ Designation : _____

Email Address : _____

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 : after 2 pm, Check-out time : 12 pm)

NOTE:

- Check-in time is 2:00 p.m. If you are arriving between midnight or wish to occupy the room before 2:00 pm, placing a reservation a night prior to the arrival date is recommended.
- Checkout time is 12:00 noon. Requests to retain rooms beyond that hour should be directed to the Front Desk once the booking is registered and the charges will be applicable.

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

Swissôtel The Stamford, Singapore

- Classic Room S\$ 280.00++ (Single/Double room inclusive of wireless internet access)
- Classic Room S\$ 305.00++ (Single room inclusive of breakfast and wireless internet access)
- Classic Room S\$ 330.00++ (Double room inclusive of breakfast and wireless internet access)

Room Request (room requests will be accommodated subject to availability)

Twin King / Smoking Non-Smoking

Other requests (please specify): _____ (room requests will be accommodated subject to availability)

NOTE:

- All room rates are in Singapore Dollars and are subject to 10% service charge and prevailing goods & services tax.
- In the event that this reservation form is not submitted by **25 October 2012** to the reservation department, all room reservation will be subjected to availability and rates will be subjected to hotel's walk in rate.

C. Reservation Guarantee

Please guarantee 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:

- Any cancellation of made after **25 October 2012**, there will be cancellation charge for One Night of the reservation made.
- In the event of no-show, cancellation and/or shortening of stay made on day of scheduled arrival, cancellation charge of the entire duration will be imposed.
- This form is not valid for 3rd party authorisation, kindly contact hotel directly for this arrangement.

Official Use

Taken By : _____ Date/Time : _____

Confirmed By : _____