

ROOM RESERVATION FORM

Supercomputing Frontiers 201517 March to 20 March 2015

Family Name:			First Name:		(Mr / Mrs / Ms)
Name of Sharer:			First Name:		(Mr / Mrs / Ms)
Organization:			Phone:	Fax:	,
Address:				Country:	
Email:					
Check-in Date	:	Flight No:		ETA :	Hrs
Check-out Date	:	Flight No:		ETD :	Hrs
Poom Typo &	Pates: (Please	o tick to coloct)			
Koom Type &	Room Type & Rates: (Please tick to select)		Single (1-person stay)	<u>Twin</u> (2-persons stay)	
	Dorse	ett Room	SGD 210++	SGD 230++	
	Deluxe Room		SGD 240++	SGD 260++	
Terms & Condition * All room rates are	r reservation manners ns: subject to 10% ser	ade by 24 February 2	ng government taxes per roowhich rate will be subject to o		
your actual arrival a Check-out Time:	in time is at 2.00pr	m. In order to guarantee charge.	•	is advisable to reserve the eveni ged at half day's room charge a	
Cancellation/No-Si Cancellation receive taxes to the credit c	ed after 1200hrs (lo	cal time) three (03) days	prior to arrival or failure to s	how-up will result in a first night	room charge plus
Yes, I accept the	above terms ar	nd conditions and au	thorize Dorsett Singapo	ore to charge the above res	ervation to:
AMEX	DINERS	MASTER	VISA	JCB	
Name of Cardholo	der:		Card Nu	mber:	
Expiry Date:	Month	Year	Signatur	e:	

 $For \ reservation, please \ complete \ the \ form \ and \ email \ to \ reservation. sing apore @dorset tho tels. com \ or \ fax \ to \ +65 \ 6678 \ 8398 \\$

For more information, please visit our official website: http://dorsetthotels.com/singapore/