



SINGAPORE CLARKE QUAY

RESERVATION FORM: SecureComm 2010 Conference, 7 – 9 September 2010

GUEST DETAILS	
Family Name/Last name:	Company:
First Name: (or preferred name)	Job Title:
Address:	Telephone: Facsimile: Email Address:
TRAVEL DETAILS	
Arrival Date:	Departure Date:
Arrival Flight/Time:	Departure Flight/Time:
Number of Guest:	Type of Room: Superior Room Rate: \$235++ /room/night, with 1 Breakfast & Internet
Room Preferences (subject to availability) Smoking <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Check-In Time: 1400hrs Check-out Time: 1200hrs	Bedding Type (subject to availability) Single <input type="checkbox"/> Double <input type="checkbox"/>
CREDIT CARD INFORMATION	
Card Holder Name:	Card Number
Type of card AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> JCB <input type="checkbox"/>	Expiry:
<p><i>Payment, No show & Cancellation terms: Reservations can be cancelled up to 24hrs prior to arrival. In the event of a no show or late cancellation, a fee of one nights accommodation will be charged. Payment will be made upon checkout, directly with the guest. Rooms are subjected to availability upon confirmation</i></p>	

Signature:

Name:

Designation:

Kindly return this form to Kevin Artedjo either by email H5993-SM8@accor.com or fax +65.6338.4266