



ROOM RESERVATION FORM
NEW ASIAN IMAGINATIONS: (RE) SEARCHING THE ARTS IN SOUTHEAST ASIA
19 TO 21 SEPTEMBER 2011

Please fax or email this form to the above latest by 31ST JULY 2011 at 1700hrs

Reservation received after 31ST JULY 2011 will be subject to room availability

RESERVATION FORM

To: *Reservations Department (Attention: Reservations Manager)*
Rendezvous Hotel, Singapore
9 Bras Basah Road, Singapore 189559
Fax No: 65-6337 3773
Tel No. : 65-6335 1881/2/3
Email: *reservations@rendezvous.com.sg*

Booking Details

A) Guest name : Mr. / Miss / Mrs. / Dr. _____
(Family Name) (First Name)

B) Arrival Date : _____ Flight No./Time: _____
Departure Date: _____ Flight No./Time: _____

C) **ACCOMMODATION TYPE**

- Deluxe Single @ S\$200.00 +++ per room/night (Inclusive 01 daily Buffet Breakfast)
- Deluxe Twin/Double @ S\$220.00 +++ per room/night (inclusive 02 daily Buffet Breakfast)

NOTE:

- *Hotel will require credit card details in order to guarantee all bookings. Hotel reserves the right to release any non-guaranteed bookings.*
- *Cancellation/No-show Policy: Any cancellation within 48hrs or no-show on day of arrival, Hotel will proceed to charge for one night's room rate per cancelled or no show of reservations.*
- *Rates are subject to 10% service charge and the prevailing taxes.*

D) **GURANTEED FOR RESERVATION (Required field in order to guarantee reservation)**

Amex **Visa** **MasterCard** **Others:**

Credit Card No.: _____

Expiry Date: _____

Card Holder's Name: _____ Signature: _____

**BILLING INSTRUCTIONS - All Charges To Personal Account*

E) **CONTACT DETAILS**

Contact Person : _____ Tel No. : _____

Fax No.: _____ Email : _____