ROOM RESERVATIONS FORM

Rooms at special conference rates are subject to availability. In order to enjoy conference rates, please send in your form before 07 November 2007 to Swissotel The Stamford, Singapore attention to Ms Rachel Tee DID: 65-6431 5525 via email: rachel.tee@swissotel.com or fax: 65-6336 8783.

NATIONAL UNIVERSITY OF SINGAPORE
INTERNATIONAL CONFERENCE ON GENOME INFORMATICS, 02 – 06 DECEMBER 2007

A. Room Reservation Request

Title:  
- Mr  
- Mrs  
- Mdm  
- Ms

Family/Last Name: ___________________________  Given/First Name: ___________________________

Company: ____________________________________________

Designation: ____________________________________________

Mailing Address: ____________________________________________

City: ___________________________  State/Country: ___________________________  Postal/Zip Code: ___________________________

Email: ___________________________  Phone: ___________________________  Fax/Telex No: ___________________________

Date of Arrival: ___________________________  Date of Departure: ___________________________  Number of Nights: ___________________________

Flight Arrival Time: ___________________________  Flight Departure Time: ___________________________

(Check-in time: 2 pm, Check-out time: 1 pm)

- If you are arriving between midnight and the official check-in time, please make the reservation for the day before, chargeable at a full room rate.

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

<table>
<thead>
<tr>
<th>Swissôtel The Stamford, Singapore</th>
<th>Raffles The Plaza, Singapore</th>
</tr>
</thead>
</table>
| Harbour View  
- S$270.00+++ per night (Room only)  
- S$290.00+++ per night (with 1 Breakfast)  
- S$310.00+++ per night (with 2 Breakfasts) | Deluxe  
- S$260.00+++ per night (Room only)  
- S$290.00+++ per night (with 1 Breakfast)  
- S$320.00+++ per night (with 2 Breakfasts) |

Preference:  
- Smoking  
- King bed  
- Non-Smoking  
- Twin-bed

- All rates are in Singapore Dollars and are subject to 10% service charge, and prevailing 7% goods & services tax.
- Room preference is subject to availability upon receipt of your room reservation form.

C. Room Deposit

Please bill to my credit card:  
- Mastercard  
- VISA  
- American Express  
- Diners

Card Number: ___________________________  Expiry Date: ___________________________

Card holder's name on credit card: ___________________________  (Please print)

Signature: ___________________________  Date: ___________________________

Terms & Conditions

- Rooms will be confirmed only upon guaranteed by credit card.
- One night room charge is applicable for cancellation received after 07 November 2007 and for no-shows.

Official Use

Taken By: ___________________________  Date/Time: ___________________________

Confirmed By: ___________________________