swissôtel THE STAMFORD
SINGAPORE

(Regn. No.:52945911J)
2 Stamford Road, Singapore 178882
Room Reservations Tel: 6339 6633 Room Reservations Fax: 6336 5117 Email: reservations.singapore@swissotel.com Website: www.singapore-stamford.swissotel.com.

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)

Swissôtel The Stamford, Singapore

☐ 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)

Raffles The Plaza, Singapore

☐ 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 : _____