

ROOM RESERVATION FORM

Asia Pacific Autism Conference 2019 16 June 2019 - 23 June 2019

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
	D (D)				
Room Type &	Rates: (Plea	ase tick to select)	<u>Single</u>	Twin / Double	
			(1-person stay)	(2-persons stay)	
	Dorsett Ro	oom Only	SGD 200++	SGD 200++	
	Dorsett Ro	om with breakfast	SGD 220++ 🔲	SGD 240++ 🔲	
* Room type sub					
* Rate is valid for	r reservation ı	nade by Friday, 17 May	2019		
	subject to 10% s servation made t	by 17 May 2019, afterwhich	g government taxes per roon rate will be subject to change		
Check-in Time:					
Our standard check your actual arrival a		•	nmediate early check in, it is	s advisable to reserve the eveni	ng before
Check-out Time: Our standard check at full day charge.	out time is at 12	.00pm. An extended check	out till 6.00pm can be arrang	ged at half day's room charge a	nd thereafter
Cancellation/No-SI Cancellation receive to the credit card.		(local time) five (03) days pr	ior to arrival or failure to sho	w-up will result the entire stay r	oom charge plus taxes
Yes, I accept the	above terms	and conditions and aut	horize Dorsett Singapor	re to charge the above res	ervation to:
AMEX	DINERS	MASTER	VISA	JCB	
Name of Cardholo	der:		Card Num	nber:	
Expiry Date:	Month	Year	Signature):	

For reservation, please complete the form and email to dawson.lee@dorsetthotels.com or fax to +65 6678 8308

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