



**COPTHORNE
ORCHID HOTEL**
SINGAPORE

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**NATIONAL UNIVERSITY OF SINGAPORE – FACULTY OF LAW
OBLIGATIONS IV CONFERENCE 2008
22 JULY 2008 TO 26 JULY 2008**

Please fax/email your reservation booking to:

Attn: Mr. Vincent Cheo, Senior Sales Manager DID: (65) 6415 6067

Fax: (65) 6255 4494

E-mail: vincent.cheo@copthorneorchid.com.sg

New Booking Amendment Cancellation Special Request

1. Name : Mr/Ms _____ Nationality: _____
2. Name : Mr/Ms _____ Nationality: _____
Company : _____ Job Title : _____

Arrival Date : _____ Flight No. : _____ Expected Time of Arrival: _____
Departure Date : _____ Flight No. : _____ Expected Time of Departure: _____
No. of Rooms : _____ No. of Guests : _____

<u>Room Category</u>	<u>Room Type</u>	<u>Room Rate</u>	Please tick accordingly
Run of House Room	Single	\$S165++ inclusive of buffet breakfast for one person	<input type="checkbox"/>
Run of House Room	Twin/Double*	\$S185++ inclusive of buffet breakfast for two person	<input type="checkbox"/>

* Please delete accordingly

- ❖ All rates quoted are subject to 10% service charge and prevailing government taxes.
- ❖ All rates quoted are applicable from 22 July 2008 to 26 July 2008 only.
- ❖ All bookings must be made by 22 June 2008 in order to be guaranteed for room availability and rates.
- ❖ Bookings made after 22 June 2008 will be offered Best Available Rate based on available room type.

Other Request : _____

Contact Person : _____ Tel : _____ Fax : _____

E-mail : _____

ROOM DEPOSIT & CANCELLATION POLICY

A one night non-refundable deposit will be charged to the guest's credit card upon confirmation. All bookings are required to be guaranteed by credit card and are subject to a one-night room charge for cancellation made within 14 days prior to arrival and space for subsequent nights will automatically be released for resale for "No Show" on arrival day. All payment must be made by credit card only. Personal cheques are not accepted.

Booking with no credit card details will not be accepted.

Credit Card : AMEX / DINERS / JCB / MASTER / VISA
Name of Card Holder : _____
Card No. : _____ Expiry Date: _____
Signature : _____

FOR OFFICIAL USE

THIS SERVES AS A CONFIRMATION OF THE BOOKING.

Confirmation No. : _____

Confirmed by : _____ Date : _____