

**AGIFORS Annual Symposium
September 5 – 10, 2004
Singapore**

**Raffles The Plaza & Swissôtel The Stamford
SINGAPORE**

HOTEL RESERVATION FORM

Rooms at special conference rates are subject to availability. In order to enjoy conference rates, please send your form early. Send this form directly to the hotel. The hotel will send a confirmation to you.

A. Room Reservation Request

Family/Last Name : _____ Given/First Name : _____

Company : _____

Mailing Address : _____

City : _____ State : _____ Postal/Zip Code : _____

Country : _____ 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.

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

	<u>Swissôtel The Stamford</u>	<u>Raffles The Plaza</u>	<u>Preference</u>
<input type="checkbox"/> Deluxe	<input type="checkbox"/> S\$ 157	<input type="checkbox"/> S\$ 170	<input type="checkbox"/> King
<input type="checkbox"/> Harbour View	<input type="checkbox"/> S\$ 170	<input type="checkbox"/> NA	<input type="checkbox"/> Double
<input type="checkbox"/> Grand Room	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Smoking
<input type="checkbox"/> Premier Deluxe	<input type="checkbox"/> NA	<input type="checkbox"/> S\$ 210	<input type="checkbox"/> Non-Smoking

- Above room rates exclude breakfast. Additional daily buffet breakfast will be chargeable @ S\$30.00nett per person per day.
- All room rates are in Singapore Dollars and are inclusive of 10% service charge, 1% government tax and 5% goods & services tax.

C. Room Deposit (Please tick appropriate box)

Enclosed is a cheque for : _____

Please make cheque payable to : **RC Hotels (Pte) Ltd**

OR

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 receipt of cheque for one night deposit or guaranteed by credit card.
- One night room charge is applicable for cancellation received after **September 3, 2004** and for no-shows.

Please send this form to :

Room Reservations Department

Raffles The Plaza - Telephone : (65) 6837 3883, Fax : (65) 6336 6210

Swissôtel the Stamford - Telephone : (65) 6339 6633, Fax : (65) 6336 5117

Telex No. - RS 42621 RCHTLS

2 Stamford Road Singapore 178882