

**Singapore Orthopaedic Association
34th Annual Scientific Meeting
Grand Copthorne Waterfront, 12 – 14 October 2011**

HOTEL ROOM RESERVATION

- Hotel reservations and arrangements are the sole responsibility of delegates.
- Room reservations are confirmed with a **ONE night non-refundable deposit** make payable to ReZsource (S) Pte Ltd followed by balance payment on and before **08 September 2011**
- In the event that your travel dates change after submitting this form, please notify ReZsource immediately.
- Rates are valid only from **09 - 15 October 2011**

Cancellation / No Show Policy

- A cancellation charge equivalent to one night room charge is levied in the event of cancellation for each confirmed reservation.
- Any cancellation made on or after **08 September 2011** is subject to **FULL CANCELLATION CHARGE** based on **FULL LENGTH OF STAY** as per original room reservation request.
- In the event of early departure or no show, the **FULL LENGTH OF STAY** based on original reservation at the time of booking is levied.
- Any refund, if any must be settled within 7 days after event closed.

For further information, please contact:

ReZsource (S) Pte Ltd
115 Amoy Street, #03-00 Singapore 069935
Tel: (65) 6222 9000 Fax: (65) 6220 0288
Email: henry.pang@rezsource.travel
Contact Person: Mr Henry Pang

Hotel	Room Category	Room Rate (Single)	Room Rate (Twin)	Breakfast	No. of rooms Required
<u>Meeting Venue</u>					
Grand Copthorne Waterfront (5*)	Superior	S\$320.00	S\$345.00	Inclusive	
Riverview Hotel (4*) – 2 mins walk to venue	Superior	S\$285.00	S\$300.00	Inclusive	
Copthorne Kings (3.5*) – 4 mins walk to venue	Superior	S\$250.00	S\$265.00	Inclusive	
The Gallery (3.5*) – 6 mins walk to venue	Gallery	S\$240.00	S\$255.00	Inclusive	

Note

- Rates quoted are nett rate inclusive of 1% cess, 10% service charge and current prevailing goods & service
- All credit card charges will be made by the merchant name of " REZSOURCE (S) PTE LTD" .

PAYMENT & CREDIT CARD DETAILS (note: payment by telegraphic transfer or credit card is subject to 3% admin fee)

American Express
 MasterCard
 Visa

Card no.: _____
 Expiry Date: _____
 (dd-mm-yy)

Cardholder's name: _____

Amount: S\$ _____

Signature: _____

COMPLETE DETAILS IN FULL		
Name of Guest:		
Organisation:		
Address:		
Tel. No:	Fax No.:	Email:
Hotel: _____ (1 st choice) _____ (2 nd choice) _____ (3 rd choice)		
Arrival Date:	Flight No:	Arrival Time:
Departure Date:	Flight No:	Departure Time:
Room Type:	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Smoking	