

IFIP NETWORK 2008 - FROM 5-9 MAY 2008

RESERVATION FORM

To secure hotel reservation, please complete this form with full credit card details to Ms Zen Lim, Assistant Sales Manager for York Hotel and email to : rsm8@yorkhotel.com.sg

Form must be received by the hotel before **21 April 2008**.

FOR GUARANTEED PURPOSED & HOTEL CANCELLATION POLICY All reservation must be guaranteed with credit card number, expiry date & CCV number. Guaranteed reservation will be held till 12.00pm the next day. No Show/Cancellation The Hotel shall be entitled at its own discretion to impose the whole duration of stay booked at the confirmed rate on No-show / cancellation received					
I authorize to guarantee room reservation by credit card:					
Name of Card Holder: Mr / Ms / Mrs					
Credit Card Number	CCV Number:				
Expiry Date : (Last three digits as the back of card)					ck of card)
Signature:					
Type of Room (Room Only)	Room Rate	Please Tick Accordingly	No. of Nights	Check In Date	Check Out Date
Superior Single	SDG \$210.00++	()			
Deluxe Single	SDG \$270.00++	()			
Tower Suite Single/ Twin	SDG \$400.00++	()			
* Please note room type is subject to room availability upon confirmation * Additional American Buffet Breakfast can be arranged at SDG \$16.00+++ per person per day.					
Yes () No () * Twin sharing can be arranged at additional SDG \$20.00+++ per person per day. Yes () No ()					
* Extra Single Bed can be arranged at SDG \$60.00++ per room per day. (For Triple Sharing only) Yes () No ()					
** All rates quoted herein are exclusive of 10% service charge & prevailing government taxes per room per night. Guest Details					
Name : Dr/ Mr / Ms / Mrs					
Name : Dr/ Mr / Ms / Mrs (Family Name)					
	(Family Name) Time :				
Departure Date : Estimated Departure Time:					

York Hotel Singapore, 21 Mount Elizabeth, Singapore 228516, Fax No. (65) 6738 5810. Tel No. (65) 6830 1126