

Date:

Check-out

I. PERSONAL DETAILS DELEGATE (Please print clearly and use a separate registration form for each delegate)

HOTEL BOOKING FORM

Time:

Book online at www.isirv.org or fax this completed form (2 pages) to +65 6475 2077

Please choose only one option

First Name		/ Middle Name	9		/				
	Department								
Company									
Mailing Address									
	State					Country			
	State Phone								
E-mail address									
Accompanying Person(s): If sharing with someone, please give his/her name Dr Mr Mrs Miss /									
	First & Middle Name						Family Name		
Other Personal Info	ormation: (Pleas	e check your prefe	rences)						
Food Preference	□ No	□ No Preference □ No Pork, No Lard □ Vegetarian		etarian	☐ No Beef				
Room Type Preference	ce 🗆 Sm	oking	☐ Non-Smoking						
* Please indicate: (1) for	most preferred ch	oice, (2) for 2 nd pre	eferred choice & (3) for	or 3 rd prefe	rred choice,	and your roor	m requirements		
* Rates are subject to * Please indicate: (1) for * Room rate is inclusive of All room assignment	most preferred ch of one breakfast /c t will be made o	oice, (2) for 2 nd preday for single room on a first-come in Room F	eferred choice & (3) for or two breakfasts pe	or 3 rd prefe r day for tv	rred choice, vin/double ro Choice Preferred	and your roor	m requirements net for 1 person Twin/Double	Total N	
* Please indicate: (1) for * Room rate is inclusive of	most preferred ch of one breakfast/c	oice, (2) for 2 nd preday for single room on a first-come in Room F	or two breakfasts pe first-served basis. Rate in SGD m/per night) Twin/Double With breakfast	or 3 rd prefe r day for tv	rred choice, vin/double ro	and your roor	m requirements net for 1 person	Total N	
* Please indicate: (1) for * Room rate is inclusive of * All room assignment	most preferred ch of one breakfast /c t will be made of Room	oice, (2) for 2 nd preday for single room on a first-come in Room Figure roo Single With	eferred choice & (3) for or two breakfasts perfirst-served basis. Rate in SGD m/per night) Twin/Double	or 3 rd prefe r day for tv	rred choice, vin/double ro Choice Preferred in Numeric	and your roor oom and interr Single with breakfast	m requirements net for 1 person Twin/Double with breakfast		
* Please indicate: (1) for * Room rate is inclusive of * All room assignment Name of Hotel	most preferred ch of one breakfast /c t will be made of Room	oice, (2) for 2 nd preday for single room on a first-come in Room Figure roo Single With	or two breakfasts pe first-served basis. Rate in SGD m/per night) Twin/Double With breakfast	or 3 rd prefe r day for tv	rred choice, vin/double ro Choice Preferred in Numeric	and your roor oom and interr Single with breakfast	m requirements net for 1 person Twin/Double with breakfast	Total N	
* Please indicate: (1) for * Room rate is inclusive of * All room assignment Name of Hotel FFICIAL HOTEL rama RiverFront	most preferred chof one breakfast /c t will be made of Room Type Executive Club	oice, (2) for 2 nd preday for single room on a first-come is Room F (per roo Single With breakfast for 1	eferred choice & (3) for or two breakfasts perfirst-served basis. Rate in SGD m/per night) Twin/Double With breakfast for 2	or 3 rd prefe r day for tv	rred choice, vin/double ro Choice Preferred in Numeric	and your roor oom and interr Single with breakfast	m requirements net for 1 person Twin/Double with breakfast	Total N	
* Please indicate: (1) for * Room rate is inclusive of * All room assignment Name of Hotel FFICIAL HOTEL rama RiverFront ngapore	most preferred chof one breakfast /c t will be made of Room Type Executive Club	oice, (2) for 2 nd preday for single room on a first-come is Room F (per roo Single With breakfast for 1	eferred choice & (3) for or two breakfasts perfirst-served basis. Rate in SGD m/per night) Twin/Double With breakfast for 2	or 3 rd prefe r day for tv	rred choice, vin/double ro Choice Preferred in Numeric	and your roor oom and interr Single with breakfast	m requirements net for 1 person Twin/Double with breakfast	Total N	
* Please indicate: (1) for * Room rate is inclusive of * Room assignment Name of Hotel FFICIAL HOTEL rama RiverFront ngapore AVELOCK ROAD ARI	most preferred chof one breakfast /c t will be made of Room Type Executive Club	oice, (2) for 2 nd preday for single room on a first-come in Room F (per roo Single With breakfast for 1 SGD278.00++	eferred choice & (3) for or two breakfasts perfirst-served basis. Rate in SGD m/per night) Twin/Double With breakfast for 2 SGD298.00++	or 3 rd prefe r day for tv	rred choice, vin/double ro Choice Preferred in Numeric	and your roor oom and interr Single with breakfast	m requirements net for 1 person Twin/Double with breakfast	Total N	
* Please indicate: (1) for * Room rate is inclusive of * All room assignment Name of Hotel FFICIAL HOTEL rama RiverFront ngapore AVELOCK ROAD ARI opthorne Kings	most preferred choof one breakfast /c t will be made of Room Type Executive Club EA Deluxe	Room F (per roo Single With breakfast for 1 SGD278.00++	eferred choice & (3) for or two breakfasts periods first-served basis. Rate in SGD m/per night) Twin/Double With breakfast for 2 SGD298.00++	cr 3 rd prefer day for two. Class 4 Star	rred choice, vin/double ro Choice Preferred in Numeric	and your roor oom and interr Single with breakfast	m requirements net for 1 person Twin/Double with breakfast	Total I	

__Flight details: ___



HOTEL BOOKING FORM

I / I

Book online at www.isirv.org or fax this completed form (2 pages) to +65 6475 2077

Please choose only one option

Turno or Borogutor					
First Name		Middle Name		Family Name	
II. MODE OF PAYMENT	CHECK CHOICES. YO	UR ROOM RESERV	ATION IS NOT CONF	IRMED UNTIL PAYM	MENT IS RECEIVED.
☐ CREDIT CARD [please sele	ect one] □ VISA	☐ MASTERCARI	AMERICAN	EXPRESS	
Card Holder's Name (as in credit of	eard) :				
Credit Card Number :				Expiry Date :	/
	(15 digits for AMEX, 16 d	digits for VISA / MASTER	R)		(mm / yy)
For AMEX credit card holders only, ple	ease fill in the four digits securit	ty numbers printed (non-en	nbossed) on the right-hand	corner of the card	
For VISA/MASTERCARD credit card he	olders only, please fill in the th	ree digits security numbers	printed (non-embossed) o	n the signature panel on t	the reverse side of the card
I hereby authorise the hotel to room/s made by me after 5 Aug					r any cancellation of
Signature of Cardholder:(Aut	horising Charge and Acknowled	dging Cancellation Policy)	(Essential) Date	of Authorisation: _	dd / mm / yy)

I/I

Terms and Conditions:

Name of Delegate:

- 1. TO ENSURE THAT A ROOM HAS BEEN RESERVED, ALL INFORMATION IN THE BOOKING FORM NEED TO BE FULLY COMPLETED WITH SIGNATURE AND FAX OR EMAIL TO THE CONFERENCE HOUSING BUREAU. NO RESERVATION WILL BE MADE FOR INCOMPLETE FORMS. EMAIL & TELEPHONE REQUESTS WILL NOT BE ACCEPTED.
- 2. Please be informed that all hotel bookings made would be charged directly by the hotel booked.
- 3. All official hotels would require a full credit card details including the credit card number, security code and expiry date and at least one night's room deposit (plus 10% service charge and prevailing government taxes) to secure reservation. The remaining payment should be settled at check-out and will be charged in Singapore dollars.
- 4. Any cancellation must be notified in writing to International Meeting on Respiratory Pathogens 2015 Meeting Secretariat & Housing Bureau at email: admin@isirv-imrp.org by 5 August 2015, Wednesday. In this case, the Hotel shall be entitled to charge at least one (1) night's room charge (plus 10% service charge, and prevailing government taxes) to your credit card. For any cancellation received after 5 August 2015, Wednesday the Hotel shall be entitled to charge the full duration of room nights booked (plus 10% service charge, and prevailing government taxes) to your credit card.
- 5. Kindly note the official check-in and the late check-out time (some hotels would have a different check-out time) and the charges:
 Official check-in time is at 1500hrs and the check-out time is at 1100hrs or 1200hrs and a 50% charge will be imposed for check-out before 1800hrs and a full day rate for check-out after 1800hrs.
- 6. For early arrival in the morning before check-in time, you are advised to book an extra room night. An extra room night would not be reserved should the Conference Secretariat & Housing Bureau not receive any instruction to do so by you. Should you be checking out late the late out charges as stated above Point 5 would apply.
- 7. Please send by email or fax the duly completed and signed HOTEL BOOKING FORM to:

 IMRP 2015 Meeting Secretariat & Housing Bureau: c/o Ace:Daytons Direct (International) Pte Ltd

 2 Leng Kee Road #03-02 Thye Hong Centre Singapore 159086. Fax: +65 6475 2077 Email: admin@isirv-imrp.org
- 8. Room bookings through airline, corporate programmes and travel agents will not be entertained by the hotels during the Conference period.
- 9. Please retain a copy of this form for your record.
- 10. Within five working days from the receipt of the signed hotel booking form, an acknowledgement note with a confirmation number will be issued to you via email or fax only. Please state clearly your email address and fax number in the form.
- 11. As a limited number of rooms have been reserved for participants, please make and confirm your booking early & promptly. The closing date for hotel reservations is 3 August 2015, Monday. After **3 August 2015**, the booking of rooms will be subject to room availability & prevailing rate at time of booking of the individual hotels. **International Meeting on Respiratory Pathogens** Meeting Secretariat & Housing Bureau will assist in making arrangements on hotel reservations on your behalf.

Disclaimer.