



**Attention: Samsul Ariffin**  
Tel: (65) 6845-1218 /Fax: (65) 6845-1020  
Email: [samsulariffin@meritus-hotels.com](mailto:samsulariffin@meritus-hotels.com)

**Sender:** \_\_\_\_\_  
Tel/Fax: \_\_\_\_\_  
E-mail : \_\_\_\_\_

**ROOM RESERVATION FORM**  
**Bioethics Advisory Committee**  
**8<sup>th</sup> GLOBAL SUMMIT OF THE NATIONAL BIOETHICS ADVISORY BODIES**  
**(26 – 27 JULY 2010)**

Rates quoted are for Marina Mandarin Singapore and applicable for this event only. To secure a confirmed reservation, please fax / email your request directly to the hotel by 26 June 2009, preferably. An acknowledgement will be sent to you upon confirmation of your room reservation.

Prof. \_\_\_\_\_ Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Family/Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name of Sharer: \_\_\_\_\_ First Name: \_\_\_\_\_  
(if applicable)

Organization: \_\_\_\_\_ Mailing address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Number of Nights: \_\_\_\_\_

Flight Number / Arrival Time \_\_\_\_\_ Flight Number / Departure Time: \_\_\_\_\_

- Please note our check-in time is 2.00 pm and check-out time is at 12.00 noon
- If you are arriving in the early hours of the morning, we suggest that you reserve your room for the night before to ensure that your room will be available upon check-in.

**Room Category √:**

\_\_\_\_\_ Deluxe at SG\$260++ per room per night (Inclusive of breakfast for 1 person per day)

\_\_\_\_\_ Deluxe at SG\$295++ per room per night (Inclusive of breakfasts for 2 person per day)

\_\_\_\_\_ Executive Deluxe at SG\$290++ per room per night (Room Only)

\_\_\_\_\_ Premier Room at SG\$320++ per room per night (Room Only)

*The above rates are subject to 10% Service Charge and 7% Goods and Services Tax (GST) per room per night.*

Two nights non-refundable deposit is required for a **guaranteed** reservation confirmation.

Please guarantee to my credit card  American Express \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Diners\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

- The Hotel should be notified of any cancellations at least 14 days prior to arrival.
- Two nights' room rate will be levied for No-Show(s) or if reservation is cancelled less than 14 days prior to arrival.
- Requests for early check-in and/or late check-out will be subject to room availability.
- All room reservations to be guaranteed by a credit card / advance payment.

**For Hotel Use: YOUR RESERVATION IS CONFIRMED/WAITLISTED**

Confirmation Number: \_\_\_\_\_