

19th Asian Federation on Intellectual Disabilities Conference 2009
22nd November 2008 to 26th November 2009

Booking Form

I am a participant of the above event and wish to make a booking to stay at

The Metropolitan Y

60 Stevens Road Singapore 257854
Tel: +65-68398333 Fax: +65-62355528

Details of Guest

Name of Guest: Prof/Dr/Mr/Mrs/Mdm _____

Nationality: _____

Expected check-in date (dd/mm/yy): _____

Expected check-out date (dd/mm/yy): _____

Contact Address: _____

Email Address: _____

Contact Telephone/Mobile number: _____

Preferred room-type (Please Tick)

- Standard Twin Room (without windows) at S\$120nett per room per night with breakfast
- Superior Twin Room at S\$150nett per room per night with breakfast.
- Deluxe Single/Twin/Double Room at S\$180nett per room per night with breakfast.
- Deluxe Family Triple Room at S\$235nett per room per night with breakfast
- Suite (Single/Double/Twin) at S\$250nett per room per night with breakfast

Credit Card Guarantee (Please tick) Visa MasterCard Amex

Card Number: _____

Expiry Date (mm/yy) : _____

Name of Card-holder: _____

CCV number: _____

If credit card holder is not the participant, please fax over a copy of the credit card (front/back) together with this application.

ONE-NIGHT room charge will be levied on the credit card-holder if there is a no-show. Amendment to this booking must be made at least 05 days prior to the arrival date or no-show fee will be levied

All bookings are subjected to room availability.

Validity of this Offer: 10th October 2009

(After this date, please book direct via website: <http://www.ymca.sg/Hotel.htm>)

PLEASE PRINT THIS COPY & FAX BOOKING TO +65-62355528

Hotel Use Only

Confirmation Number: _____ Date: _____ Reservation Staff: _____