

YORK HOTEL

SINGAPORE

YORK HOTEL RESERVATION FORM 19TH ASIAN FEDERATION ON INTELLECTUAL DISABILITIES CONFERENCE 2009 (22 – 26 NOVEMBER 2009)

Please complete reservation form with authorised credit card details and forward to Ms Helen Gouw at rsm9@yorkhotel.com.sg. Tel : (65) 6830 1202 (DID) Fax No : (65) 6738 5810
Reservation must be received by **12 October 2009**, otherwise, room rates will be subject to availability upon confirmation.

Accommodation

Guest(s) Name : _____ (Mr/Mrs/Ms)
Arrival Date : _____ Flight Detail : _____
Departure Date : _____ Flight Detail : _____

Room Type Required (please tick your requirement in the box)

Room Category	Room inclusive of daily breakfast & wireless internet (Single)	Room inclusive of daily breakfast & wireless internet (Double/Twin)
Superior	S\$200.00	S\$220.00

All rates quoted are subject to 10% service charge and 7% goods & services tax.

- Reservation will only be processed with credit card(s) details or via telegraphic transfer with a one night non-refundable deposit imposed.
- Reservation will be based on a first come, first served basis without involving a third party.
- Balance payment will be settled individually upon departure.
- All Bank charges (local and overseas) incurred for remitting and/or clearing the TT shall be borne by you. Please add S\$50 (bank charges) to the total amount if you are paying by TT.
- The payment transaction document, with your name stated clearly must be faxed to York Hotel at (65) 6738 5810.
- Please send the TT to :

Company Name : York Hotel Pte Ltd
Mailing Address : 21 Mount Elizabeth, Singapore 228516
Bank Name : Standard Chartered Bank
Branch Name : Scotts Mall Branch
Bank Address : 1 Scotts Road #01-01, Shaw Centre, Singapore 228208
Bank Code : 7144
Branch Code : 003
Bank Accounts No : 030-7511-863

Hotel Cancellation Policy

Cancellation must be made in writing and sent to Hotel directly. Hotel shall be entitled at its own discretion to impose the whole duration of stay in the event of cancellation received less than 7 days prior to arrival date.

No-Show Policy

On the event of no-show on the stipulated arrival date, the Hotel will impose the whole duration of stay on the given credit card(s).

I authorise payment by credit card Mastercard Visa Amex JCB

Card Member's Name : _____

Card No : _____ Expiry Date : _____

Signature : _____ Date : _____

Co. Reg. No. 196900074M

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