

ASIA INSURANCE REVIEW 2019

For new reservations or booking amendments <u>during office hours</u> (9.00am – 5.45pm from Mon – Fri except Public Holidays):

Attn: Ms Joey Tiong / Ms Brenda Teo| Email: <u>joey.tiong@meritushotels.com</u> / <u>brenda.teo@meritushotels.com</u>

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ROOM RESERVATION FORM

Rooms are subject to availability sent to you upon confirmation of		upon acknowledgeme	ent by the hotel. An acknowledgement will be
⊠ ProfDr Mr	Mrs Ms.		
Family/Last Name :	Fire	st Name :	
Name of Sharer (if applicable): First Name :			
			City:
	Postal/Zip Code:		
			·
Check-in Date:	Check-out Date:	Numbo	er of Nights:
Arrival Flight Number / Date & Ti	me: Departur	e Flight Number / Date	e & Time:
			reserve your room for the night before
Deluxe room	(Please select: Single 🗆	at SGD \$270.00 ++	Twin/ Double □ at SGD \$300.00++
Executive Deluxe room	(Please select: Single 🗆	at SGD \$290.00 ++	Twin/ Double □ at SGD \$320.00++
Premier room	(Please select: Single 🗆	at SGD \$320.00++	Twin/ Double 🗆 at SGD \$350.00++
Meritus Club room	(Please select: Single 🛭	at SGD \$360.00++	Twin/ Double □ at SGD \$400.00++
All residential guests enjoy comp The above rates are subject to 10		unlimited IDD compli d Services Tax (GST) p	-
Please guarantee to my credit car	rd ⊠ American Express Vis	a MasterCard	_ Diners
Card Number:	Expiry Date:	month	year
Cardholder's name:		Signature of C	ardholder:
 (i.e. 48hours prior to 1400h One night rates will be charg Guest will be responsible for Request for early check-in a 	ged as no show/cancellation penalty r all cancellation and no show charg nd late check-out are subject to roo I details are required to confirmed r	v. ves. om availability.	al
Confirmation Number:			
Remarks:			