

**RESERVATION FORM**  
**VISA INTERNATIONAL PTE LTD**  
**27-28 June 2006**

**A. Room Reservation Request**

Title :  Mr     Mrs     Mdm     Ms

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

Company : \_\_\_\_\_

Designation : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

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

Country : \_\_\_\_\_ Phone : \_\_\_\_\_ Fax/Telex No : \_\_\_\_\_

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

Flight Arrival Time : \_\_\_\_\_ Flight Departure Time : \_\_\_\_\_

**(Check-in time : 2 pm, Check-out time : 1 pm)**

- If you are arriving between midnight and the official check-in time, please make the reservation for the day before.

**B. Room Type & Rate** (Please tick appropriate box)

Swissotel The Stamford

Preference

Deluxe

S\$ 230.00+++

King

Smoking

Double

Non-Smoking

- Room rates is inclusive of 1 breakfast. Breakfast will be chargeable at S\$30+++ per person
- All room rates are in Singapore Dollars and are subject to 10% service charge, 1% government tax and 5% goods & services tax.
- Room preferences are subject to availability
- **Please email back the reservation form to the mentioned email address above.**

**C. Room Deposit**

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Please bill to my credit card :  Mastercard     VISA     American Express     Diners

Card Number : \_\_\_\_\_ Expiry Date : \_\_\_\_\_

Card holder's name on credit card : \_\_\_\_\_  
(Please print)

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Terms & Conditions**

- Rooms will be confirmed only upon receipt of cheque for one night deposit or guaranteed by credit card.
- A total room night charge (5 nights) is applicable for cancellation received after **12 June 2006** and for no-shows.
- Please fax or email all form before the close-up date of **1 June 2006**

**Official Use**

Taken By : \_\_\_\_\_ Date/Time : \_\_\_\_\_

Confirmed By : \_\_\_\_\_

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SINGAPORE

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