



HOTEL RESERVATION FORM

**ICANN MEETING 2015
7 February to 13 February 2015
BOOKING CODE : ICANN52**

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| <p align="center">Please return this hotel reservation form to : PENINSULA.EXCELSIOR HOTEL - RESERVATIONS DEPARTMENT Tel: (65) 6337 2200 / 6416 1111 Fax: (65) 6339 3580 / 6339 6236 Email: pe.reserve@ytchotels.com.sg or pe.sales@ytchotels.com.sg</p> | | | | | | | | | | | |
| <p>ROOM CATEGORY Please tick your choice (s) of room type (s):</p> | | | | | | | | | | | |
| <p>ROOM TYPE <input type="checkbox"/> Deluxe Room <input type="checkbox"/> Single <input type="checkbox"/> Double/Twin <input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking</p> | | | | | | | | | | | |
| <p>Room Rate Deluxe room Single rate S\$200++ inclusive of breakfast for 1 & in-room internet per room per night Twin rate S\$220++ inclusive of breakfast for 2 & in-room internet per room per night</p> <ul style="list-style-type: none"> All rates are in Singapore Dollars and are subject to 10% service charge and prevailing goods and services tax (GST) unless stated otherwise. The Hotel check-in time is after 2pm on day of arrival. Should delegates wish to occupy the room before 3pm, placing a reservation for the night before is recommended. All reservations are subject to confirmation by the Hotel. A one-night room charge will be applicable should there be any cancellation with less than 72 hours prior to arrival date or no-show for confirmed reservations The Hotel check-out time is 12 noon on the day of departure. Late check-out after 12noon chargeable at full day room rates, subject to room availability. | | | | | | | | | | | |
| <p>GUEST PARTICULARS Please fill the particulars as follows:</p> | | | | | | | | | | | |
| <table border="1"> <tr> <td>GUEST NAME MR/ MS / MRS/ DR/ PROF (Please underline Surname)</td> <td>DATE</td> </tr> <tr> <td>ARRIVAL DATE</td> <td>DEPARTURE DATE</td> </tr> <tr> <td>ARRIVAL FLIGHT/ TIME</td> <td>DEPARTURE FLIGHT/ TIME</td> </tr> <tr> <td>COMPANY</td> <td>COUNTRY OF RESIDENCE</td> </tr> <tr> <td>TELEPHONE (including country code)</td> <td>E-MAIL ADDRESS</td> </tr> </table> | | GUEST NAME MR/ MS / MRS/ DR/ PROF (Please underline Surname) | DATE | ARRIVAL DATE | DEPARTURE DATE | ARRIVAL FLIGHT/ TIME | DEPARTURE FLIGHT/ TIME | COMPANY | COUNTRY OF RESIDENCE | TELEPHONE (including country code) | E-MAIL ADDRESS |
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| ARRIVAL FLIGHT/ TIME | DEPARTURE FLIGHT/ TIME | | | | | | | | | | |
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| <p>CREDIT CARD GUARANTEE <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Diners Club <input type="checkbox"/> Others CARDHOLDER'S NAME _____ EXPIRY DATE _____ CREDIT CARD TYPE/ NUMBER _____</p> |
| <p>FOR HOTEL USE ONLY Booking is Confirmed/ Not Confirmed by _____ Date _____ Confirmation Number _____</p> |