



**NATIONAL UNIVERSITY OF SINGAPORE  
CENTRE FOR DEVELOPMENT OF TEACHING & LEARNING  
TLHE 2008, 3 TO 5 DECEMBER 2008**

**Attn:** Reservation Department

**DID:** (65) 6739 6411

**FAX:** (65) 6235 1280

**E-mail:** reservations.riverfront@furama.com

New Booking     Amendment     Cancellation    (√ Pls tick accordingly)

1. Name : Prof/Dr/Mr/Ms \_\_\_\_\_  
 2. Name : Prof/Dr/Mr/Ms \_\_\_\_\_  
 3. Name : Prof/Dr/Mr/Ms \_\_\_\_\_

Arrival Date : \_\_\_\_\_ Flight No. : \_\_\_\_\_ Expected time of arrival : \_\_\_\_\_  
 Departure Date : \_\_\_\_\_ Flight No. : \_\_\_\_\_  
 No. of Rooms : \_\_\_\_\_ No. of Guests : \_\_\_\_\_ Expected time of departure : \_\_\_\_\_  
 Room Type : \_\_\_\_\_ Room Rate (Daily) : \_\_\_\_\_

<u>Room Type</u>	<u>Room Rate</u>
- Deluxe Single	S\$180++ (Room Only)
- Executive Clubroom	S\$238++ (Inclusive 1 complimentary buffet breakfast)
- Additional breakfast per person will be charged	S\$20++

*\*\*All rates quoted in here are subject to 10% service charge & prevailing government taxes, per room per night.  
 \*\*All accommodation room charges, including room charge, breakfast and any incidentals charges will be on guest's personal account. We will require credit card details of each individual guest at time of reservation for room guarantee by 31 October 2008. In the event that credit card details are not provided, these charges will automatically be guaranteed by National University of Singapore. All charges incurred in the duration of stay, will be fully settled upon check out.*

Remarks : \_\_\_\_\_  
 \_\_\_\_\_

Contact Person : \_\_\_\_\_ Tel : \_\_\_\_\_ Fax : \_\_\_\_\_

Email : \_\_\_\_\_

<b>FOR GUARANTEE PURPOSES</b>	
<i>All reservations must be guaranteed with credit card number &amp; expiry date. For guaranteed reservations, rooms will be held till 12:00 noon the next day. All cancellations, no show should be after 31 October 2008, the total room revenue for the number of rooms cancelled or no-show will be levied to National University of Singapore., unless otherwise guaranteed by individual guests' credit card.</i>	
Credit Card	: AMEX / DINERS / JCB / MASTER / VISA
Name of Card Holder	: _____
Card No.	: _____ Expiry Date : _____
Signature	: _____

<b>FOR OFFICIAL USE</b>	
<i>THIS SERVES AS A CONFIRMATION OF THE BOOKING. PLEASE ACKNOWLEDGE RECEIPT OF THE ABOVE RESERVATION:</i>	
Confirmation No. :	_____
Confirmed by :	_____ Date : _____
Company's stamp/Signature :	_____

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