

**35<sup>th</sup> Annual Scientific Meeting**  
**Singapore Orthopaedic Association**  
 Four Seasons Hotel, 10-13 October 2012, Singapore  
**HOTELROOM RESERVATION**

- Hotel reservations and arrangements are the sole responsibility of delegates.
- Room reservations are confirmed with a **ONE night non-refundable deposit** make payable to ReZsource (S) Pte Ltd followed by balance payment on and before **10 September 2012**
- In the event that your travel dates change after submitting this form, please notify ReZsource immediately.
- Rates are valid only from **10-13 October 2012**

**Cancellation / No Show Policy**

- A cancellation charge equivalent to one night room charge is levied in the event of cancellation for each confirmed reservation.
- Any cancellation made on or after **10 August 2012** is subject to **FULL CANCELLATION CHARGE** based on **FULL LENGTH OF STAY** as per original room reservation request.
- In the event of early departure or no show, the **FULL LENGTH OF STAY** based on original reservation at the time of booking is levied.
- Any refund, if any must be settled within 7 days after event closed.

For further information, please contact:

**ReZsource (S) Pte Ltd**  
 115 Amoy Street, #03-00 Singapore 069935  
 Tel: (65) 6222 9000 Fax: (65) 6220 0288  
 Email: [henry.pang@rezsource.travel](mailto:henry.pang@rezsource.travel)  
 Contact Person: Mr Henry Pang

Hotel	Category	Distance to Conference Hotel	Room Rate (Single)	Room Rate (Twin)	Breakfast	No. of rooms Required
<b><u>Meeting Venue</u></b> Four Seasons Hotel	5*	N.A	S\$483.00	S\$518.00	Inclusive	
<b><u>Supporting Hotel</u></b> Hotel Ibis Novena	3*	10 mins drive	S\$200.00		Inclusive	

Note

- Rates quoted are nett rate inclusive of 1% cess, 10% service charge and current prevailing goods & service
- All credit card charges will be made by the merchant name of " REZSOURCE (S) PTE LTD" .

**PAYMENT & CREDIT CARD DETAILS** (note: payment by telegraphic transfer or credit card is subject to 3% admin fee)

American Express                     
  MasterCard                                     
  Visa  
 Card no.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ (dd-mm-yy)

Cardholder's name: \_\_\_\_\_

Amount: S\$ \_\_\_\_\_

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

COMPLETE DETAILS IN FULL		
Name of Guest:		
Organisation:		
Address:		
Tel. No:	Fax No.:	Email:
Hotel: _____ (1 <sup>st</sup> choice)	_____ (2 <sup>nd</sup> choice)	
Arrival Date:	Flight No:	Arrival Time:
Departure Date:	Flight No:	Departure Time:
Room Type:	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Smoking	