

**CHILDREN & THE LAW
CONFERENCE 2005
HOTEL RESERVATION
FORM**

Company: _____

Contact Person: _____

Email: _____

Date: _____

Telephone: _____

Fax: _____

(To avoid any miscommunication, please ensure that the above information is completed and printed clearly)

Return to : **Star Route Pte Ltd**
67 Beach Road # 01-01
Beach Junction
Singapore 189688

Attention : **Ms. Joey Choo/ Ms. Janice Toh**
Telephone : (65) 6334 9029/ 9028
Telefax : (65) 6296 0889
E-mail : joey@starroute.com.sg /
janice@starroute.com.sg

Special discounted rates at the hotels have been secured by the organiser. As the room situation is expected to be extremely critical during this period, please make reservations as soon as possible, all rooms are subject to room availability.

A. OFFICIAL HOTELS - Please list 3 hotels in order of your preference (1-3)

Preference	Hotels	Category	Estimated Time to Event Venue	Room with Single breakfast Per Room Per Night	Additional Breakfast Rate (per person)
	Raffles the Plaza	5-star	10 mins drive	S\$225.00 nett	S\$25.00 nett
	Swissotel the Stamford	5-star	10 mins drive	S\$205.00 nett	S\$25.00 nett
	Swissotel Merchant Court	4-star	Event Venue	S\$204.00 nett	S\$20.00 nett
	Grand Plaza Parkroyal Singapore	4-star	10 mins walk	S\$160.00 nett	S\$20.00 nett
	Furama Hotel	3-star	10 mins walk	S\$140.00 nett	S\$20.00 nett

If you wish to apply existing Corporate Rate, please advise:

Name of Hotel : _____

Corporate A/C No : _____

Room Rate per night : _____

- ✓ The above room rates are inclusive of 10% service charge, 1% government tax and 5% goods and services tax
- ✓ As the above room rates are specially negotiated with the hotel, all payments have to be made to Official Travel Agent prior to guests' arrival. For direct payment to hotel, a higher rate may apply.
- ✓ Special rates can also be arranged at the hotel of your choice. Please email your request to the Official Travel Agent at joey@starroute.com.sg

The Official Travel Agent will try to arrange it for you.

HOTEL RESERVATION DETAILS

Name of Guest (Please Underline Family Name)	Room Type (please tick)	Breakfast	Check-in Date/Time	Check-out Date/Time
	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double	<input type="checkbox"/> N.A <input type="checkbox"/> 1 pax <input type="checkbox"/> 2 pax		
	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double	<input type="checkbox"/> N.A <input type="checkbox"/> 1 pax <input type="checkbox"/> 2 pax		
	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double	<input type="checkbox"/> N.A <input type="checkbox"/> 1 pax <input type="checkbox"/> 2 pax		
	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double	<input type="checkbox"/> N.A <input type="checkbox"/> 1 pax <input type="checkbox"/> 2 pax		

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B. AIRPORT TRANSFER REGISTRATION (Please provide flight details if service is required)

- Standard Car (1 – 3 pax) : S\$ 40.00 per way
 Combi Van (4 – 6 pax) : S\$ 50.00 per way

Please provide arrival and departure flight details as follows:

Arrival Flight Number : _____ Arrival Time in Singapore : _____

Departure Flight Number : _____ Departure Time from Singapore : _____

C. OTHER SERVICES

The Official travel agent provides a whole range of travel-related services and customer care program.
For more information on the services, please select the required service for more information. Additional services available include:

Please tick (✓)	Services	Please Specify Details
<input type="checkbox"/>	Booking of Function Rooms	
<input type="checkbox"/>	Private Pre & Post Event Tours (Group)	
<input type="checkbox"/>	Coach/ Limousine Charter	
<input type="checkbox"/>	Dinner Arrangements/ Social Functions	
<input type="checkbox"/>	Others	

Alternatively, you may wish to email the Official travel agent at joey@starroute.com.sg for further details.

D. PAYMENT DETAILS

To secure room reservation, payment should be made 2 weeks before arrival.
Any cancellation after 01 May 2005 is subject to a one (1) night cancellation charge.

CREDIT CARD

Credit Card : Mastercard/Visa Number _____ Card Expiry Date : _____ (MM/YY)

Cardholder's Name : _____ Signature : _____

TELEGRAPHIC TRANSFER

Account Name : Star Route Pte Ltd Account Number : 432 – 300 – 088 – 8
Bank Details : United Overseas Bank Limited, Jalan Sultan Branch, 200 Jalan Sultan #01-06 Textile Center Singapore 199018
To avoid any inconvenience, please check with the Official Travel Agent on the payment amount before arranging for telegraphic transfer.

A confirmation letter, with the accompanying payment and cancellation policies, will be sent to your office within 3 working days upon receipt of this booking form.
Kindly note that an administration charge of 3% is applicable for all reservations.