

The Preferred Address



**CARLTON HOTEL SINGAPORE
SALTSHAKER PRODUCTIONS**

**"2nd Global Forum on Intellectual Property (GFIP) at Raffles City Convention Centre"
08 & 09 JANUARY 2009**

Please return directly to: CARLTON HOTEL SINGAPORE

76 Bras Basah Road Singapore 189558 Tel: (65) 6338 8333 Fax: (65) 6339 6866

Contact Person: Aldrina Low (Asst. Reservations Manager) Tel: 65 63118 201 Fax: (65) 6333 4120

Email: aldrina.low@carltonhotel.sg or roomreservations@carltonhotel.sg

Adia Loh (Asst. Director of Sales) Tel: (65) 63118 155 Fax : (65) 6 338 3208

Email: adia.loh@carltonhotel.sg

A. ROOM RESERVATION

| Hotel | Special Weekday Room Rate Per Night (Sun - Thurs) | Room Type |
|---|---|---|
| Official Hotel Carlton Hotel Singapore | Single / Twin Deluxe Room S\$300.00 <input type="checkbox"/> (Room Only) | <input type="checkbox"/> Single <input type="checkbox"/> Twin |
| | Deluxe Room S\$330.00 / S\$350.00 <input type="checkbox"/> (Inclusive of Breakfast & Broadband Internet) | <input type="checkbox"/> Single <input type="checkbox"/> Twin |

All rates quoted are subject to 10% service charge, prevailing government taxes, valid for this event only and in Singapore dollars. Room types are subject to availability upon reservation.

Note: Optional Buffet Breakfast and High Speed Internet Access in the room have been packaged in the room rate as indicated above. Otherwise, Breakfast and Internet Access are chargeable at S\$30++ and S\$27++ respectively.

Arrival Date : _____ Flight No.: _____ E.T.A. : _____

Departure : _____ Flight No.: _____ E.T.D. : _____

Name of guest sharing room with

(Given Name) : _____ Family Name : _____

(Prof, Dr, Mr, Miss, Mrs, Ms)

Name of guest sharing room with

(Given Name) : _____ Family Name : _____

(Prof, Dr, Mr, Miss, Mrs, Ms)

Please complete a copy of this form for every room reservation.

B. YOUR PARTICULARS

Given Name: _____ Family Name: _____

Organisation: _____

Address: _____

City/Zip/Postal Code: _____ Country: _____

Telephone: _____ Telefax: _____ E-Mail: _____

C. PAYMENT

Payment method (Please tick one):

Visa Card MasterCard Card American Express

Visa/MasterCard/Amex No. _____

Expiry Date: _____

Full Name: _____ Signature: _____

D. IMPORTANT INFORMATION

- 1) Please note that reservations will only be confirmed when the hotel receives from you a non-refundable deposit equivalent to the entire duration of stay.
- 2) Please forward your reservation/payment **on or before 08 December 2008**. Should you cancel your reservation 48 hours prior to your arrival, the deposit will be forfeited.
- 3) Check-in time is 1400 hours and check-out time is 1200 hours. For early check-in, a full day room rate will be levied. For late check-out, we will accommodate until 2 pm, subject to room availability.
- 4) Please inform us of any changes of your reservation in writing.
- 5) The above special rates may **NOT** apply for bookings made **after 08 December 2008**. All room types will be subject to availability at time of booking.