PAN PACIFIC
Singapore

35TH INTERNATIONAL CONGRESS ON ASSESSMENT CENTER METHODS
18 - 22 OCTOBER 2010
HOTEL RESERVATION

Please return this hotel reservation form to :
RESERVATIONS DEPARTMENT – Ms Alicia Tan
PAN PACIFIC SINGAPORE
Tel: (65) 6826 8111 Fax: (65) 6339 4852
E-mail: groupres.sin@panpacific.com

Last Name :_____ First Name : _____

Title/Company :_____

Address : _____

Country : _____ City : _____

Telephone : _____ Fax:_____

Passport No. : _____ Expiry Date : _____

Place of Issue : _____ Date of Issue : _____

Arrival Date : _____ Flight/Time of Arrival : _____

Departure Date : _____ Flight/Time of Departure: _____

ROOM TYPE : □ **Single** □ **Twin-sharing** □ **Non-Smoking**
□ **Deluxe Room : S$240.00++ / S$275.00++ per room per night** ***(single / twin-sharing)***
** ***Inclusive of in-room broadband internet access only.***

Kindly note that rooms will be subjected to availability upon making the reservations. As of 1 July 2007, Pan Pacific Singapore is a non-smoking Hotel & kindly contact reservations should you require a smoking room.

Kindly note that all reservations made after 31 August 2010 will be subjected to room availability.

Special Request : _____

CHECK-IN TIME IS 3PM; to guarantee early check-in, please book one night before.
CHECK-OUT TIME IS 12 NOON; late check-out till 5pm is subject to half day's room rate and thereafter, a full day's room rate will be applicable.
* All rates are subject to 10% service charge & 7% goods and services tax (GST).
All reservations must be accompanied by a credit card number. A one-room night charge will be applicable for any cancellation with less than 72 Hours prior to arrival date or no-show for confirmed reservations.

□ American Express □ Visa □ Diners Club □ MasterCard □ JCB □ Others _____

_____ _____ _____
Credit Card Number Expiry Date Cardholder's signature

FOR HOTEL USE ONLY . Confirmed □Unable to confirm Confirmation No. _____

Acknowledged by: _____ Date: _____