

317 Outram Road, Singapore 169075 Tel: (65) 6733 0188 Fax: (65) 6733 0989 Email: sinhi.reservations@hiatrium.com

ROOM RESERVATION FORM

New Res	servations			Amendment		Cancellations	
Names & Flight Details							
(Mr / Mrs / Ms / Dr)		(Family Name)		(Given Name)			
Conference Title		Conference O Person in-cha Contact Numb Fax: 6779 545	h World Congress on Probability and Statistics nference Organizer: National University of Singapore rson in-charge: Ms Stella Pang ntact Numbers: 6516 4403 x: 6779 5452 nail: matpcy@nus.edu.sg				
Arrival Date (DD		VIA (Flight #)			ETA		
Departure Date	YY)	VIA (Flight #)			ETD		
Accommodation	Requirem	ent					
	Deluxe Room Single / Double Special Instructions:		No. of Guests : Adult Child eable at SGD\$17.50++ per person per day		NIGHT	SGD 230.00 ++ PER ROOM PER	
Terms and Cond		eakrast is charge	eable at SGU\$17.50	++ per person per da	ay		
 Guestroom re Non-guarante If a reservatio accommodati The check-in 	eservations need reservation is cancelle ion rate will a time is 2pm	ons will be held a ed less than 24 h apply. A no-show and check-out til	nours prior to the dat w fee equivalent to o me is 12 noon. Req	e of check-in, a canc one (1) night's accom puests for earlier chec	in and released there ellation fee equivalent modation rate will also ck-in or extended cheo after the intended leng	t to one (1) night's o apply. ck-out are subject to	
PAYMENT INST	RUCTIONS	<u> </u>					
Guest to set	ttle all acc	counts upon	departure	leparture		HOTEL USE ONLY Reservations Confirmed by Room Rate Confirmed	
Guest's Signature:					Billing/Payment Instructions		
Date: Credit Card Number: Amex/Visa/MasterCard: Expiry Date: Name on Credit Card:					Date : Signature & Hotel Stamp:		