Organised by

TEMASEK LIFESCIENCES LABORATORY

Jatropha International Congress 2008

17 - 18 December

Grand Copthorne Waterfront Hotel | Singapore

HOTEL RESERVATION FORM

GUEST PARTICULARS (Please type or print clearly)

Please tick (√) ❑ Prof ❑ A/Prof ❑ Dr ❑ Mr ❑ Mrs ❑ Mdm ❑ Ms

First Name _____

Last Name _____

Designation _____

Organisation _____

Mailing Address _____

State _____ Postal Code _____

Country _____

Telephone ( ) _____ Facsimile ( ) _____

Email _____

TRAVEL DETAILS (Please tick √ where applicable)

Room Type ❑ Single ❑ Double^ ❑ Twin^ ^ Sharing with _____

Travel Details Arrival Date _____ Flight _____ ETA Time _____

Departure Date _____ Flight _____ ETD Time _____

HOTEL CATEGORY (Please tick √ where applicable)

Hotel	Room Category	Room Type	Room Rate
Grand Copthorne Waterfront Hotel (5-star – Congress Hotel)	Superior Room	Single Twin / Double	S$ 300.00 ❑ S$ 330.00 ❑
	Deluxe Room	Single Twin / Double	S$ 330.00 ❑ S$ 360.00 ❑
Copthorne King's Hotel (4-star – Walking Distance)	Superior Room	Single Twin / Double	S$ 220.00 ❑ S$ 240.00 ❑
	Deluxe Room	Single Twin / Double	S$ 260.00 ❑ S$ 280.00 ❑

:: NOTE ::

- All rates quoted are **subjected** to 10% service charge and prevailing taxes and include breakfast.
- Hotel rooms will be allocated on first-come-first-serve basis to registered participants, based on room availability at time of reservation.
- The above room rates are only guaranteed for reservation received **no later than 15 October 2008** and accompanied with one (01) night's non-refundable room deposit. Reservation requests received without credit card details will not be processed.
- For cancellation notice received on or after 01 November 2008, and in the event of "No Show", full duration of stay will be charged for cancellation.
- Please note that check-in time is 14:00 hours and check-out time is 12:00 hours. If you expect to arrive earlier than the check-in time and require guaranteed check-in on arrival, please make your hotel reservation for the day before.
- **In the event of materialisation, the hotel will charge the FULL DURATION OF STAY UPON CHECK-OUT.**

PAYMENT DETAILS

❑ Visa ❑ MasterCard ❑ Amex ❑ Diners

Card Holder's Name _____

Card Number | | | | | - | | | | | - | | | | | - | | | | |

Expiry Date | | | / | | | | | (mm/ yyyy)

Cardholder's Signature _____ Date _____

Please return COMPLETED form to Congress Manager for Jatropha International Congress
c/o Pacific World Singapore, 73 Bukit Timah Road, Rex House #03-01, Singapore 229832
Tel: (65) 6330 6730 Fax: (65) 6336 2123 Email: jatrophacongress@pwevent.com