

SINGAPORE NOVENA

RESERVATION REQUEST FORM
TRANSFORM MEDED 2018

Date: _____ Confirmation No.: _____
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GUEST INFORMATION

Guest Name: _____
Designation: _____
Company: _____
Address: _____
Email Address: _____
Contact No.: _____ Marriott Rewards Number: _____

BOOKING INFORMATION

Check in Date: _____ Check out Date: _____
Number of guests: _____
Number of rooms: _____ Preference: _____

Room category: *(Please assign the following room)*

- Deluxe Room **S\$195.00++ per room per night includes breakfast and internet access for one person**
 Additional breakfast **S\$25.00++ per person per day for 2nd occupancy**

Room rate subject to 10% service charge & prevailing government taxes

Cancellation Policy is 07 days prior to arrival. A one night's room charge and tax will be imposed for late cancellation or no-shows.

Pick Up: Yes No Flight No./Time: _____
Drop Off: Yes No Flight No./Time: _____
Pick Up/ Drop Off service subject to additional charges, hotel will provide quotation in confirmation email.

SPECIAL REQUESTS / REMARK

GUARANTEE INFORMATION

Name *(as it appears on credit card)*: _____
Credit Card Type: _____
Credit Card Number: XXXX XXXX XXXX
(please provide last four digits, full details will be taken over the phone)
Expiry Date: _____

Cardholder's Signature: <i>Signature should be identical to card specimen signature</i>

Reservation Confirmed By: <i>(for internal use only)</i>
Name/ Department/ Date

Please email a copy of this reservation form to rsvn.courtyardsg@courtyard.com or nur.faizah@marriott.com
Room rate and category is subject to availability upon booking confirmation.
The reservation confirmation will be emailed to you once booking is confirmed.