

Marina Bay Sands Reservation Request Form

GUEST INFORMAT	ΓΙΟΝ (check one) N	∕Ir.	Mrs.	Ms.	Dr.	Other	r
First/Given Name	L	ast Na	me/Surn	ame			
Email	Passport No						
Organization Full Nan	ne						
Street Address							
	State/Province						
	Telephone (Including Country Code)						
ROOM INFORMAT	TION						
Arrival Date:	Depa			rture Date	e:		
Number of Adults:	Nun			per of Ch	ildren:		
Special requests:							
Twin Room Typ	oe						
Deluxe Twin Garden View			ļ	S\$ 480.00)++ per	night	
	Deluxe Twin Garden View with breakfast for one (1))++ per		
	rden View with breakfas	st for t	two (2)	S\$ 566.00)++ per	night	
King Room Typ							火心心
Deluxe King Gar				S\$ 480.00			
					0++ per		
		st for t	.wo (2)	S\$ 566.00	J++ per	mgnı	
CREDIT CARD GU							
•	led is used to hold any re	•			•	•	•
	provided at that time, or						
Name on Card				-			
Card Number							
	erent than above)						
	State/Prov					u Code _	

Please email this form to World Council's Registration Coordinator at <u>kschroeder@woccu.org</u> by Friday, 8 June 2018.

Cancellation Policy: All reservations can be cancelled without penalty prior to 8 June 2018. After 8 June 2018, World Council reserves the right to charge the full cost of the reservation unless the room can be resold.

Marina Bay Sands | 10 Bayfront Avenue, Singapore 018956