

Hotel Reservation Form

WMO WORKSHOP ON MULTI-HAZARD, EARLY WARNING CENTRES' CONCEPT OF OPERATIONS FOR THE INDIAN OCEAN TSUNAMI WARNING SYSTEM

Singapore, 21-23 November 2005

Name: (Dr/Mr/Mrs/Ms) _____

Organisation: _____

Official Address: _____

Designation: _____

Tel: _____

Fax: _____

E-mail: _____

Hotel Reservation (please tick)

- Hotel Rendezvous (with breakfast) S\$145+++
- Hotel Rendezvous (without breakfast) S\$130+++
- City Bayview Hotel (with breakfast) S\$110+++

Above rates are subject to 10% service charge, 1% government tax and thereafter 5% goods and services tax.

Check-in date _____

Check-out date _____

Flight Schedule

Arrival date: _____

Flight/Time: _____

Departure date: _____

Flight/Time: _____

Special Request (if any) _____

Signature: _____

Date: _____

Please return completed form to Mr Johnson Ng via email: Johnson_Ng@nea.gov.sg or fax: (65) 6545 7192 by **2 November 2005**