

20 College Road Level 1-Business Office, Academia Singapore 169856

Hotline: 9836-0082 Email: acadfrs@singhealth.com.sg

ACADEMIA EDUCATION FACILITIES BOOKING FORM												
Instructions:												
<ol> <li>This form is only applicable for the booking of Academia Education Facilities (Levels B1, 1 and 2).</li> </ol>												
2. Allow 3 working days to process the request. Once processed, this form will be returned to the requestor as proof of the booking.												
SECTION A: APPLICANT'S PARTICULARS												
Contact Person :						Contact Number :						
Email Address :						(For SingHealth Institutions Only)						
Organisation :						Department :						
Billing Address :			Cost Centre :			L						
		IO/Assignment Code				Code :						
SECTION B: DETAILS OF BOO	KING REQU	JEST										
Event Title :												
Event Date :			То			Theatre Cluster	Classroom	n U-Shape Boardroom (w/o tables)				
Event Date : Event Time :			To To			Theatre Cluster	Classroom	n U-Shape (w/o tables)				
Event Time :	No. of Pay		To : Date		Time			For Official Use				
	No. of Pax	<b>Event</b> Start	То	Event Start	: <b>Time</b> End			•				
Event Time :	No. of Pax		To : Date					For Official Use				
Event Time :	No. of Pax		To : Date					For Official Use				
Event Time :	No. of Pax		To : Date					For Official Use				
Event Time :	No. of Pax		To : Date					For Official Use				
Event Time :	No. of Pax		To : Date					For Official Use				
Event Time :	No. of Pax		To : Date					For Official Use				
Event Time :	No. of Pax	Start	To  Date  End	Start	End			For Official Use (Room Assignment)				
Event Time :	No. of Pax	Start Start Event	To  Date  End	Start	End		ent	For Official Use (Room Assignment)  For Official Use				
Event Time :		Start	To  Date  End	Start	End	Seating Arrangeme	ent	For Official Use (Room Assignment)				

For Video Recording, please complete the consent form and email to : acadfrs@Singhealth.com.sq

Any Catering ?

yes

Items	Quantity

**Event Time** 

## SECTION C: DECLARATIONS

Services

Guidelines and regulations on usage of Academia education facilities enclosed :

By submitting this form, I/we agree to comply with the guidelines and regulations, with the highlights below:

Clause 2.5: Cancellation Policy: All cancellations must be communicated in writing via email to <a href="mailto:acadfrs@singhealth.com.sg">acadfrs@singhealth.com.sg</a>.

Education Facilities	Less than 60 days	Less than 30 days	Less than 5 days	Event Day
Auditorium & PSL 1 Lab		50% Rental Rates	Full Rental Rates	
Seminar, Tutorial Rooms & PSL 2 Lab, Function Room	No Penalty 50% Re		tal Rates	Full Rental Rates
Debrief Rooms	No Pe	enalty	50% Rental Rates	Full Rental Rates

Clause 2.6: 'No-show', organiser will be billed the full rental fee.

Date

Clause 4.2: Any spillage that stained the carpet, the organiser will be billed the full cleaning cost of at least \$300.

Clause 5.4: Any facilities or equipment damaged during the event, organiser will be billed the direct cost of repair plus

\$50 admin charges.