

SICC Meeting Room Booking Form

Booking Details

Name of Company:					
SICC Member:	☐ Yes	☐ No			
Contact Person:					
Email Address:					_
Contact Number:		(Office)		(Mobile)
Room Name:	☐ Memb	ers' Room	☐ The 1837	Room	☐ Committee Room
Date of usage:					
Time of usage:					
Attendance:					
Room Setup:	☐ Board	lroom	■ Theatre		Projector Required
Additional Remarks:					
confirmed upon rece In the event of a car Less than five the Less than three Postponement charges would SICC reserves the ri of facilities and/or ed SICC will not be resp Note: The Chamber and Public Holidays	eipt of full p ncellation, the (5) working e (3) working of the me apply ight to import quipment de consible for operates from	ayment. he following days prior g days prior eting is als se any repa uring the re any damag om Monday	g charges will ap to the event – 50 r to the event or o deemed as a nir or cleaning ch ntal period. ge to any propert ys to Fridays, 9a	oply: 0% of to no-sho a cance narges to by left un am to 5p	ow – 100% of total cost ellation and cancellation to the booker for damage nattended by the booker pm, excluding weekends
Please email the comp contact us via email or a			rship@sicc.com	<u>.sg</u> . Fo	or any queries, you may
I hereby confirm the abo by the Singapore Intern	-		•		ns and conditions set ou
Signature		Compa	any Stamp		Date