Email to:

Social Service Institute

298 Tiong Bahru Road, #18-01 Central Plaza, Singapore 168730 Tel: 6589 5555 Fax: 6589 5540

Email: socialserviceinstitute@ncss.gov.sg





Facility Booking Request Form

A. REQUESTOR'S DETAILS

Name	Contact Number
Designation	Email Address
Organisation	
Mailing Address	

B. BOOKING RATES & DETAILS

Layout	Facility	Capacity	Mon-Fri (1/2 day)	Mon to Fri (Full day)	Mon-Fri (Evening)	Sat (1/2 day)	Sat (Full day)
Cluster	1 Room	Up to 25 pax	\$340	\$680	\$620	\$620	\$960
Cluster	2 Rooms Combined	26-50 pax	\$680	\$1,360	\$960	\$960	\$1,640
Cluster	Auditorium	Up to 60 pax	\$1,040	\$2,080	\$1,320	\$1,320	\$2,360
Theatre	Auditorium	Up to 150 pax	\$1,040	\$2,080	\$1,320	\$1,320	\$2,360

Notes:

- 1. Any booking requests beyond office hours or on weekends will be subject to approval and incur additional admin fee:.
 - For evening/Saturday bookings (after office hours), an additional administrative fee of \$280 (half day) will apply. Full day will be \$560.
- NCSS Members and MSF will enjoy discounted rates. Please contact us at <u>socialserviceinstitute@ncss.gov.sg</u> for details. Other Ministries & Government Agencies will be charged at the cost indicated in the table.
- 3. Booking rates and administrative fee stated are before GST.
- 4. SSI will provide 30 mins additional set up time.
- 5. Cancellation policies can be found in clause 5 of the <u>"Terms and Conditions"</u>.
- 6. For a list of items provided under the booking of facilities, please refer to https://www.ssi.gov.sg/resources/meetings-events/





C. TO BE COMPLETED BY THE REQUESTOR

D.

Date:

	Type of Facilities			
	Training Room	Large Training Room	Auditorium	
No. of Rooms required				
Date(s) of Booking				
Time Required (Time: to Time:)				
Purpose of Booking (Please ②in the box)	☐ Meeting ☐ Networking Even ☐ Award Ceremony ☐ Corporate Retrea ☐ Corporate Trainin Others (Please speci	t ng		
Programme/Event Title				
Expected No. of Participants				
Guest-of-Honour and/or				
*Special Requests (if applicable)				
*subject to availability & approval				
Request to tour the premises	? Yes	2 No		
ACKNOWLEDGMENT I declare that all information provided in this request form is true and correct to the best of my knowledge. I have read the terms and conditions governing the application and use of facilities at the Social Service Institute at www.ssi.sg/Facilities-Booking, and agree to abide by it.				
	Name and Signature of Requestor's HOD/Superv	Organisatior risor	ı Stamp	

Date:





E.	FOR OFFICIAL USE	
	Date Received:	
	Room(s) Allocated:	
	Recommended by:	
	Booking Rate: TMM Schedule:	\$ Approved / Not Approved*
		Name & Signature

Version 3.0 (As at 18th February 2019)