**\*Please Fill out this form and return this form us by email.**

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| **1. PERSONAL INFORMATION of 2017 Annual Spring Scientific Conference PARTICIPANT** | |
| * Guest Name   First Name Last Name   * Room Shared with   First Name Last Name | □ Prof. □ Dr.  □ Mr. □ Ms. |
| Company / Organization : | |
| Address : | |
| Work Phone : Cellular Phone : | |
| E-mail : | |

**2. HOTEL ROOM RESERVATION for 2017 Annual Spring Scientific Conference**

|  |  |  |
| --- | --- | --- |
| Arrival (Check-in 14:00) : | | No. of Guest : |
| Departure(Check-out 12:00) : | | No. of Nights : |
| Room Type | □ Standard (Twin, Triple, Ondol) KRW 138,000/1night  □ Sky Deluxe KRW 148,000/1night | |
| √ Standard Ondol Room : Korean Style floor with no Bed  √ This room rate has included service charge & Tax with 1pax breakfast.  √ Add people to room will charge 18,000KRW (ex. 1 room with 2 pax & breakfast = 156,000KRW/1night) | | |

**3. RESERVATION GUARANTEE AND CANCELLATION CHARGE**

|  |
| --- |
| Credit Card □ Visa □Master □ DinersClub □ AMEX □ JCB □ other( ) |
| Card Number |
| Expiration Date(Month/Year) / |
| Name of Card Holder |
| **Cancellation Charge** : If you cancel your reservation by 3days prior to arrival, there will be no penalty. However, within 3days, one night deposit as a penalty will be one day room charge. |

**4. AUTHORIZED SIGNATURE**

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