**\*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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