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**Reservation Form**

**2020 KoSFoST International Symposium and Annual Meeting**

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| --- | --- | --- | --- | --- | --- |
| **GUEST INFORMATION** | | | | | |
| First Name: Last Name: Title: [ ] Mr. [ ] Ms. | | | | | |
| Company Name : | | | | | |
| Sharing Room with: First Name Last Name: | | | | | |
| Phone : | | | | | |
| Special request and comments : | | | | | |
| **ACCOMMODATION INFORMATION** | | | | | |
| Room Type | Charge (KRW) | Check-In date | Check-Out Date | No. of Nights | No. of Rooms |
| Standard Double | 88,000 |  |  |  |  |
| Deluxe Double | 99,000 |  |  |  |  |
| Deluxe Twin | 121,000 |  |  |  |  |
| **CREDIT CARD INFORMATION** | | | | | |
| Name in the Credit Card: | | | | | |
| Credit Card type: VISA \_\_\_\_ MASTERCARD JCB \_\_\_\_ AMEX \_\_\_\_ OTHERS :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Number: | | | Expiry date: | | |

※ VAT and Service Charge included.

* Free cancellation 5 days before check in.
* Reservation based on room availability.
* Breakfast for extra person: KRW 10,000
* Extra bed will be available for KRW30,000