



HOTEL RESERVATION REQUEST FORM

The 114th Annual Meeting of the Korean Ophthalmological Society Exhibition in KINTEX 06 Nov ~ 08 Nov, 2015

Please fax or e-mail the completed form to Stanford Hotel Seoul

Tel: 82 2 6016 0001 • Fax: 82 2 6016 0002

E-mail : reservation@stanfordseoul.com

All reservations must be made before 01 Mar, 2015.

()Mr. ()Ms. ()Dr. Last Name: _____ First Name: _____

Tel: _____ Fax: _____ Email: _____

HOTEL ACCOMMODATION

Check in date: _____ Check out date: _____ Night(s): _____

Please mark your choice :

_____ Single room with 1 person Breakfast : KRW 125,000 per night

_____ Twin room with 2 people Breakfast : KRW 140,000 per night

*10% tax will be added..

* Rates will be calculated with the currency exchange rate on the day of check-in

CREDIT CARD INFORMATION FOR YOUR RESERVATION

* Credit card is required to guarantee your reservation. Please note cancellation policy.

* **Credit card copy required (the front & back side)**

I guarantee my reservation by credit card (required):

Credit card information (please circle your choice):

VISA

MasterCard

American Express

Other (please specify) _____

Credit Card number: _____

Name as it Appears on the Card: _____

Expiration date : _____

Signature of Card Holder : _____

CANCELLATION POLICY

In case of cancellation, written or e-mail notification should be sent to Stanford Seoul 10 days before the arrival date.

The following cancellation fees will be applied and will be charged to your credit card automatically.

a) A cancellation **by October 06th 2015 (cut off date)** will not be charged any penalty.

b) A cancellation 3 days prior to the arrival date, 1 night accommodation will be charged to your credit card for penalty

c) For Early departure and No-show, full accommodation will be charged to your credit card as penalty.

