



## HOTEL RESERVATION REQUEST FORM

대한안과학회 The Korean Ophthalmological  
Exhibition in Kintex 04 Nov~ 06 Nov , 2016

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 28 Aug, 2016.

( )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 : KRW 100,000 per night

\_\_\_\_\_ Twin room : KRW 100,000 per night

\_\_\_\_\_ Single room with 1 person Breakfast : KRW 115,000 per night

\_\_\_\_\_ Twin room with 2 people Breakfast : KRW 130,000 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 this event of cancellation, written notification should be sent to Stanford Seoul.

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

a) A cancellation with-in 48 hours of the arrival date, 1night accommodation will be charged to your credit card for penalty.