*The Korean Ophthalmological Society*

**NOVOTEL AMBASSADOR BUSAN**

**RESERVATION FORM**

Thank you for choosing Novotel Ambassador Busan. Reservation should be made through the hotel directly.

Please complete this Accommodation Form and send it to the Novotel Ambassador Busan via fax (**+82-51-743- 1250**) or e-mail (**rsvn@novotelbusan.com**)

# Personal Information & Reservation Details

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name Passport No. Telephone**  **Check-In** | * **Mr. □ Ms.** | **Last Name** |  |
|  | **Nationality**  **E-mail Check-Out** |  |
|  |  |
|  |  |
| Estimate time of arrival at Hotel : | | | |

1. **Room Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Room Type** | **Special Rate** | **No. of Rooms** | **Breakfast** |
| **Deluxe Ocean** | **KRW 223,850** | * Twin / □ Double ( Rm) | * Yes □ No ( PAX) KRW 24,200 (per person) |
| **Executive City** | **KRW 248,050** | * Double   ( Rm) | Executive Privilege |
| **Executive Ocean** | **KRW 296,450** | * Double   ( Rm) | Executive Privilege |

- All room rates are per room and per night

# - All room rates are inclusive of the 10% service charge and 10% tax.

- If your desired room type is not available, we will confirm the next best alternative category.

# - Executive Privilege: Complimentary breakfast and Sauna for 2 people, Complimentary Happy Hour drinks, etc.

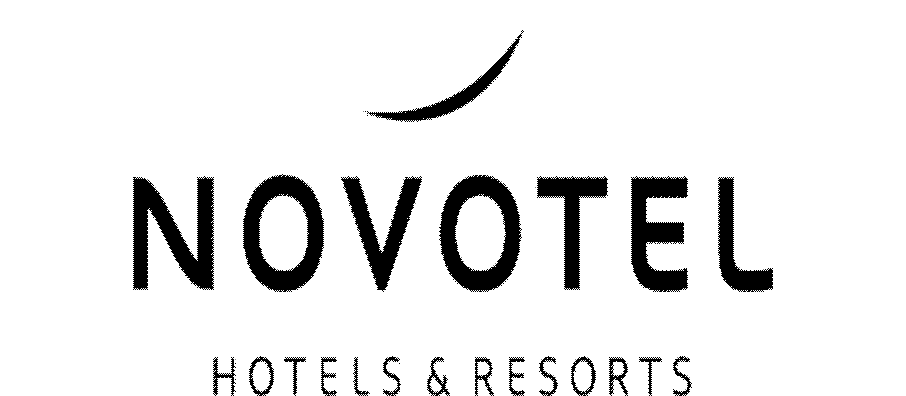
* **Room cancellation: 7 days before hotel check-in date -> 50% penalty for all reserved nights**

**2 days and less before hotel check-in date -> 100% penalty for all reserved nights.**

1. **Deposit**

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit Card Card No.**  **Holder’s Name** | * VISA □ Master □ JCB □ Others ( ) | | |
|  | **Expiration Date (mm/yy)** |  |
|  | | **Signature** |
| I agree that my reservation in guaranteed with my credit card information described above and I will settle all hotel charges when checking out. | | |

* Please note that the credit card information will be used to guarantee your hotel room reservation ONLY.
* Total hotel fee will be settled upon check out.
* Please contact the hotel for more information on the cancellation policy.
* Please send a fax or E-mail for reservation ASAP with application form due to limited room volume.



*NOVOTEL AMBASSADOR BUSAN*

*292, Haeundaehaebyeon-ro, Haeundae-Gu, Busan KOREA*

## *Tel : +82-51-743-1234*

***Fax : +82-51-743-1250***

[***rsvn@novotelbusan.com***](mailto:rsvn@novotelbusan.com)

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**James Moon / sm3**