**HOTEL RESERVATION REQUEST**

**(The 120th Annual Meeting of the KOS)**

**Reservation Dept. Tel. +82 2 500 2300 Fax. +82 2 500 2311 Email:** [**rsvn@uri-nhotel.com**](mailto:rsvn@uri-nhotel.com)

* **Please complete and return this form to us by e-mail.**
* **Please complete this form and return directly by fax or email to us no later than 14days prior to your arrival to ensure room availability and special discount.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hotel** | **Room Type** | **Room Rate** | **Breakfast** | | **Bed Type** | **Benefit** |
| **URI&** | **Superior Room**  **(17.5m2)** | **KRW 110,000** |  |  |  | **2 bottle of Water**  **Wired & Wireless** |
|  |  |
| **Deluxe Room**  **(26m2)** | **KRW 140,000** |  |  |  |
|  |  |

**1. Hotel Reservation:**

- The above special rates are subject to 10%VAT.

- Breakfast charge is KRW 15,000 (subject to 10%VAT)

- Check-in time 2:00 pm, Check-out time 12:00 noon.

- Cancellation made after 7days prior to arrival including no-show: Whole reserved nights’room charge including tax.

**2. Participant Information:**

|  |  |
| --- | --- |
| Last Name(Prof,Dr,Mr,/Ms) : | First Name : |
| Arrival Date : | Departure Date : |
| Company Name / Country : | Email : |
| Phone : | Fax : |
| Address : | |
| Flight Number (if known) : | |

**3. Booking Guaranteed:**

|  |  |
| --- | --- |
| Card Type : | Name on Card : |
| Card No. : | |
| Signature : | Exp. Date : ( / / ) |