**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**

* **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 : ( / / )  |