

Please send this reservation form to:
Reservations Department
 Tel: (82 2) 317-0404
 Fax (82 2) 777-4444
 E-mail: rsvn@chosunhotel.co.kr



RESERVATION FORM

WIPO Arbitration and Mediation Center

Last Name		Given Name			Title	
SPG/SPP# _____		Star Choice # _____				
Job Title/Dept.						
Company						
Country						
Contact details		Tel No.		Fax No.		
Email address						
Arrival Date	Flight No.	Time	Departure Date	Flight No.	Time	
Airport Transfers <i>(If airport transfer is required.)</i> Airport transfer is charged as following; Pick up (Y/N) _____ Sending (Y/N) _____ KRW 145,000 _____ KRW 135,000 _____						
* <i>Airport pick up service: Meeting point will be announced on your confirmation letter</i> * <i>A no-show or cancellation charge will apply for changes made within 24 hours prior to arrival.</i>						
Accommodation: <i>(Room is normally available after 3:00pm for check-in and check-out time is 12:00 noon.)</i> <p style="text-align: center;">Business Deluxe Room KRW280,000 Nett</p> <p style="text-align: center;">(Single Occupancy, Internet Free, Inclusive of breakfast at buffet restaurant)</p> <p style="text-align: center;"><i>The above rate is subject to 10% Service charge and 11% VAT per room per night</i></p>						
Credit card details to guarantee the reservation#			Type of Credit Card:			
Signature:			Credit Card #			
			Expiry Date (MM/YY): _____ / _____			
#Please note that full period of reserved room blocks plus applicable service charge will be levied to any no show on expected arrival day or if cancellation is made less than 24 hours prior to arrival date						

For hotel use only (Group Code:)

Date _____

Confirmed by: _____

Confirmation Number: _____

Comments: _____