WHO-FIC Network annual meeting 2018

October 21 – 28, 2018

HOTEL RESERVATION REQUEST

Please fill out the form and return to us email or fax

1. Guest Information	
Ms.□ Mr.□ Last Name :	First Name:
Address:	
Company Name:	Country:
Phone No.:	Fax:
E-mail:	Passport Number:
2. Hotel Booking Details	
Check-in Date:	Check-out Date:
Type of Room : ☐ Standard Double (KRW 110,000)	□ Deluxe Double (KRW 132,000)
□ Deluxe Twin (KRW 132,000)	☐ Family Twin (KRW 143,000)
☐ Ocloud Suite (KRW 198,000)	1
* The above rates include 10% VAT (Not <mark>includ</mark> ed breakfast) / * Breakfast is KRW 8 <mark>,00</mark> 0 per person	
Number of Room:	Number of Person:
Remark:	
3. Credit Card Guarantee	
□ Visa □ Master □ Amex □ JCB	□ Diners
Card Number:	0 11 5
Card Holder:	Ex <mark>piry D</mark> ate:
Signature:	. 0 0 0
You MUST fill out the card information for your reservation.	
Please note that the card information will be used <mark>ON</mark> LY t <mark>o</mark> guara <mark>nt</mark> ee y <mark>our</mark> hot <mark>e</mark> l reservation.	
Check in time - 14:00 PM / Check out time - 12:00 PM	

* Cancel Policy

If you wish to hold your reservation without any restrictions, please do guarantee your reservation by providing us with your credit card number and expiry date.

Cancellation is possible up to 2 days prior to check-in. If you do not check-in without notice, you will be charged for one night.

OCLOUD HOTEL

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