



R A M A D A
SEOUL

WHO-FIC Network annual meeting 2018 Reservation Request Form

1. Guest Information.

Name (Surname & First name)			
Address			
Tel		Fax	
E-mail			

2. Hotel Booking Details.

Check in Date			
Check out Date		Number of Room	
Number of Nights		Number of Person	

Room Type and Rate	
Superior Room	₩ 108,900 (Double Bed <input type="checkbox"/> , Twin Bed <input type="checkbox"/>)
Breakfast	₩ 15,000 (for one person <input type="checkbox"/>) ₩ 30,000 (for two person <input type="checkbox"/>)
Smoking[Y/N]	Smoking <input type="checkbox"/> , Non Smoking <input type="checkbox"/>

The price includes 10% Service Charge and 10% Tax (21% Service Charge and Tax added in total)
Check in time – 2PM, Check out time – 12PM

3. Payment Guarantee.

Please charge to my VISA Master AMEX Other _____

Card number _____ Expiry date(mm/yyyy) _____ / _____

Cardholder's name(as it appears on the credit card) _____

Please attach copy of Cardholder's Credit Card front and rear side

4. Cancellation Policy

Cancellations MUST be send to the Hotel by E-mail or Fax

Cancellations made less than 1 days prior to arrival date will be subject to 1 night accommodation charge.

I have read and understood the cancellation policies and wish to confirm my Hotel reservation

Date : _____ Name : _____ Signature : _____

Please return form to Fax : +82 2 6202 2008 or E-mail : rsreservation@ramid.co.kr

Reservation Department Tel : +82 2 6202 2000

Address : 410 Bongeunsa-ro, Gangnam-gu, Seoul, KOREA 06153