**\*Please Fill out this form and return this form us by email.**

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| --- |
| **1. PERSONAL INFORMATION** |
| Guest NameFirst Name Last Name Room Shared withFirst Name Last Name  | [ ]  Prof. [ ]  Dr. [ ]  Mr. [ ]  Ms. |
| Company / Organization :  |
| Address :  |
| Work Phone : Cellular Phone :  |
| E-mail :  |

**2. HOTEL ROOM RESERVATION ( COLING 2022 Oct.12 – 17)**

|  |  |
| --- | --- |
| Arrival (Check-in 15:00) :  | No. of Guest :  |
| Departure (Check-out 11:00) :  | No. of Nights :  |
| Room Type | [ ]  Sky Deluxe Twin(Double Bed+Single Bed) KRW 148,000[ ]  Twin(Double Bed+Single Bed) KRW 118,000 |
| √ All rates are including service charge & Tax√ Room rates are includes breakfast for 1persons.√ Add Charge Period : Oct. 14(Fri)- 15(Sat) Add KRW 15,000 per night |

**3. RESERVATION GUARANTEE AND CANCELLATION CHARGE**

|  |
| --- |
| Credit Card [ ]  Visa [ ] Master [ ] DinersClub [ ]  AMEX [ ]  JCB [ ]  other( ) |
| Card Number  |
| Expiration Date(Month/Year) /  |
| Name of Card Holder  |
| Cancellation Charge : If you cancel your reservation by 3days prior to arrival, there will be no penalty. However, within 3days, one night deposit as a penalty will be charged.  |

**4. AUTHORIZED SIGNATURE**

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