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

|  |  |
| --- | --- |
| **1. PERSONAL INFORMATION** | |
| Guest Name  First Name Last Name  Room Shared with  First 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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