

HOTEL RESERVATION REQUEST

2016 HBV SEOUL

◆ Please complete this form and return directly by fax or e-mail to us **by 14 September**.

Reservation Dept. : Phone: +82 2 6112 1000 Fax: +82 2 6112 1004, e-mail: <u>sungwook_ok@lotte.net</u>

Last Name (Mr./Ms.):			First Name:	First Name:		
Company Name:						
Address:						
Phone No.:			Fax No.:	Fax No.:		
Email:			Sharing Room v	Sharing Room with:		
Check-in Date:			Arrival Flight N	Arrival Flight No./ Time:		
Check-out Date:			Departure Fligh	Departure Flight No./ Time:		
	Request:		•		•	
♦ Please circle your choice of accommodations:						
Hotel	Room Type	Size	Room Rate		Breakfast	
LOTTE CITY HOTEL MYEONGDONG	Superior Double	25 sqm	☐ KRW154,00	00	☐ KRW18,700(1 person) ☐ KRW37,400(2 person)	
	Superior Twin	25 sqm	☐ KRW154,000		☐ KRW18,700(1 person) ☐ KRW37,400(2 person)	
ū	ment tax is included n or No Show on the		will be charged a	s a fi	ull night's rate per room.	
A credit card	number is required t	o guarantee	your reservation.	1		
Card: ☐ Amex ☐ Diners ☐ Master ☐ Visa ☐ JCB				4 digit # for AMEX:		
Card Number:				Expiry Date:		
	- 2:00 pm, Check-o te special requests ar					
Date		Signati	ura:			