



CHES 2014

Reservation Request Form

Arrival Date : _____	Departure Date : _____																	
Name of Occupant: Last _____	First _____																	
No. of Occupant: _____	No. of Rooms: _____																	
Affiliation: _____																		
Room type:																		
<table border="1"><thead><tr><th colspan="2" rowspan="2">Room Type (√ Mark)</th><th colspan="2">Room Rate</th><th rowspan="2">Remark</th></tr><tr><th>9/22 ~ 9/26</th><th>9/27</th></tr></thead><tbody><tr><td>Superior Double <input type="checkbox"/></td><td>Superior Twin <input type="checkbox"/></td><td>KRW 121,000</td><td>KRW 165,000</td><td>Room Only</td></tr><tr><td colspan="2">Executive Suite <input type="checkbox"/></td><td>KRW 209,000</td><td>KRW 253,000</td><td>Room Only</td></tr></tbody></table>		Room Type (√ Mark)		Room Rate		Remark	9/22 ~ 9/26	9/27	Superior Double <input type="checkbox"/>	Superior Twin <input type="checkbox"/>	KRW 121,000	KRW 165,000	Room Only	Executive Suite <input type="checkbox"/>		KRW 209,000	KRW 253,000	Room Only
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※ 10% tax included																		
※ Additional Breakfast : KRW 16,500(10% Tax Included)																		
Address: _____	City: _____	Country: _____																
Contact: Tel _____	Fax _____																	
Mobile: _____	Email: _____																	
Credit Card Name(카드종류): _____																		
Credit Card No(카드번호): _____																		
Expire Date(유효기간): _____																		
Remarks: _____																		
Signature _____																		

Taken By: _____	Date Taken: _____	Confirmation number: _____
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※ Cancellation Charge : At room cancellation, if the room is not cancelled by 18:00 the day before stay, it is required to pay a No-Show charge of a 1 night stay.

For Reservation

SeacLOUD Hotel: 1392-100, Jungdong, Haeundaegu, Busan, South Korea

1. E-Mail : rsvn@seacLOUDhotel.com

2. Tel : 8251)933-1000 / Fax : 8251)933-1001

3. Homepage : www.seacLOUDhotel.com