

대한뇌혈관내치료의학회

REGISTRATION FORM

1. GUEST INFORMATION

First Name:		Last Name:			(
Affiliation:							
Address:					Country:	Country:	
Phone:			Fax:		Email:	Email:	
Accompanying Person (Mr. Ms.)			First Name:		Last Name	Last Name:	
Check-in Date:			Check-out Date:		No. of Ni	No. of Nights ()	
Check-in Time:			Special Request:				
2. HOTEL AND	ROOM PREFE	RENCE					
An official in charge			Hotel		Special Room Rates		
Ms Myungrang Park							
Ms Jisoo Lee			Grand Walkerhill(Mountain View)		☐ Deluxe : KRW 278,300		
Tel +82-2-2022-0000							
Fax +82-2-2022-0567			☐ Vista Walkerhill(Mountain View)				
E-mail:reservations @sk.com		om			☐ Deluxe : KRW 338,800		
					Riv	er View Upgrade : KRW 36,300	
			Room Type & Prefer	ence			
			win Beds	Double Be	d		
* Notes 1. Gra 2. Ro 3. Th 4. Bra 5. Ro	vening. Also late of 0 and after 11:00. and Walkerhill & V oms will be assigned hotel will send you eakfast charge is K om rate & Breakfa	theck-outs are ista Walkerhill Hed on a first-cor ou the confirma RW52,000 per p st charge includ	subject to availability, a 509 dotels are connected to each me first-served basis action for your room reservationerson. le SVC. Charge & Tax.	6 discount off to the discount off to the discount of the disc	he above rate & 1 st floor.	nless pre-registered from the will apply if guest check out	
* In order to gu			your credit card information	must be accom	panied.		
Card Type	Amex	Diners	☐ Euro Card	Card No.			
	│		□VISA				
Exp. Date	Гось	☐ Master	(MM/YY)	Signature			

* Cancellation Policy

- \cdot Reservation is modifiable by 17:00PM on the 5-day before guest arrival.
- If guest fails to change or cancel before applied time on policy, one-night penalty charge will be applied.
- · All policies are based on hotel time.