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| **HOTEL RESERVATION FORM: HOTEL IN 9** | | | | | | | | | | | | | | | | | | | | |
| Please complete this form and return it directly by email to us no later **May 30 (Fri), 2025.**  Reservation Dept. Phone: +82-2-311-9000/ E-mail: reservation@hotelin9.com | | | | | | | | | | | | | | | | | | | | |
| **A. Participant Information** \*Please type or print clearly. | | | | | | | | | | | | | | | | | | | | |
| **Title** | Mr.  Ms.  Dr.  Prof. | | | | | | | | | | | | | | | | | | | |
| **First Name** |  | | | | | | | | | | | **Last Name** | |  | | | | | | |
| **[Only Korean] 국문 성명** | | | |  | | | | | | | | **국문 소속** | |  | | | | | | |
| **Affiliation** |  | | | | | | | | | | | **Country** | |  | | | | | | |
| **E-mail** |  | | | | | **Tel** | | |  | | | | | | | **Fax** | |  | | |
| **Check-in** | **Date** |  | | | | **Check-out** | | | **Date** | | |  | | | | **No. of Nights** | |  | | |
| **Time** |  | | | | **Time** | | |  | | | | **No. of Rooms** | |  | | |
| **B. Accompanying Person** | | | | | | | | | | | | | | | | | | | | |
| **First Name** |  | | | | | | **Last Name** | | |  | | | | | Mr. /  Ms. | | | | | |
| **C. Room Rates** | | | | | | | | | | | | | | | | | | | | |
| **Class** | **Hotel** | | | | **Room Type** | | | | | | | | **Room Rate** | | | | | | **Breakfast** | **Distance to Venue** |
| ★★★★ | Hotel in 9 | | | | Standard | | | Double | | | | | - KRW 190,000 (Sun ~ Thu)  - KRW 220,000 (Fri, Sat) | | | | | | 1 person  KRW 22,000 | 5 Min. on Foot |
| Twin | | | | | 2 persons  KRW 44,000 |
| ***\*Note***   1. **The room and breakfast rates exclude 10% VAT.** 2. Breakfast charge is KRW 22,000 per person in case of including in the room rate at reservation. Regular breakfast as walk-in is KRW 30,000 per person. (vat 10% excluded) 3. Check-in time - 3:00 pm, Check-out time - 12:00 pm. 4. Your special requests cannot be guaranteed and is subject to availability. 5. If the guarantee card information and signature is not entered, the reservation will not proceed. 6. If you register by email, you will receive a reservation confirmation email or text. 7. The registration might close before the specified deadline since the slots for special pricing is limited. | | | | | | | | | | | | | | | | | | | | |
| **D. Payment Information** | | | | | | | | | | | | | | | | | | | | |
| **In order to guarantee your room reservation, your credit card information must be accompanied.**  • Card Type:  Visa  Master  Diners  JCB  Other ( )  • Card No.:  • Expiration Date: / (mm/yy)  • Cardholder’s Name: • Cardholder’s Signature: | | | | | | | | | | | | | | | | | | | | |
| **E. Cancellation and Refund Policy** | | | | | | | | | | | | | | | | | | | | |
| 1. Cancellations must be made before 3 days prior to arrival to avoid the first full night’s cancellation charge. 2. Late cancellations and no-shows will incur a 100% charge of the full night’s rate per room to the signed credit card information above. By signing the above, you agree to the cancellation/no show policy of Hotel in 9. 3. No refund for late cancellations or no-show charge. | | | | | | | | | | | | | | | | | | | | |
| **F. Please complete this form and return it directly to hotel by fax or e-mail.** | | | | | | | | | | | | | | | | | | | | |
| **Hotel** | | | **Contact person** | | | | | | | | **Phone** | | | | | | **E-mail** | | | |
| Hotel in 9 | | | Reservation Department | | | | | | | | +82-2-311-9000 | | | | | | reservation@hotelin9.com | | | |