



RESERVATION REQUEST FORM

SNU GCP OCT19~OCT25 2017

Please fax or e-mail the completed form to BWP Guro Hotel Seoul
Tel: 82 2 6905 9500 • Fax: 82 2 6905 9509
E-mail : rsvn@gurohotel.co.kr

() Mr. () Ms. () Dr. Last Name: _____ First Name: _____
Tel: _____ Fax: _____ Email: _____

HOTEL ACCOMMODATION

Arrival Date: _____ Departure Date: _____ Night(s): _____

Room Type :

_____ Standard Double room : KRW 105,000per night
_____ Standard Twin room : KRW 105,000 per night

*10% Value Added Tax will be applied

*Use of Breakfast Buffet for additional guest : KRW 15,000+VAT10% per person

* Check-in time is 15:00

▪ **FLIGHT INFORMATION**

Name of Airline: _____ Flight Number: _____.

CREDIT CARD INFORMATION FOR YOUR RESERVATION

* Credit card is required to guarantee your reservation. Please note cancellation policy.

I guarantee my reservation by credit card (required):

Credit card information (please circle your choice):

VISA

MasterCard

American Express

Other (please specify) _____

Credit Card number: _____

Name as it Appears on the Card: _____

Expiration date : _____

Signature of Card Holder : _____

CANCELLATION POLICY

In case of cancellation, written or e-mail notification should be sent to BWP Guro Hotel 10 days before the arrival date. The following cancellation fees will be applied and will be charged to your credit card automatically.

- a) A cancellation **by October 09th 2017 (cut off date)** will not be charged any penalty.
- b) A cancellation 3 days prior to the arrival date, 1 night accommodation will be charged to your credit card for penalty
- c) For Early departure and No-show, full accommodation will be charged to your credit card as penalty.