

# SEOUL DRAGON CITY

## Seoul Dragon City Hotel Room Reservation Form

**The Wound Meeting 2024 SEOUL**

**Staying Period : 2024.03.18 ~ 2024.03.27**

< Please fill out this form and return to Seoul Dragon City for reservation. >

### Hotel Information

|                |  |          |  |
|----------------|--|----------|--|
| Address        | 95, Cheongpa-ro 20-gil, Yongsan-gu, Seoul 04371, Korea                             |          |  |
| TEL            | +82 2 2223 7777  | FAX      | +82 2 2223 7778  |
| E-Mail Address | <a href="mailto:rsvn.group@seouldragoncity.com">rsvn.group@seouldragoncity.com</a> | ATTN     | Reservation Team   |
| Sales Manager  | <a href="mailto:jian.lee@accor.com">jian.lee@accor.com</a>                         | Homepage | <a href="http://www.seouldragoncity.com">www.seouldragoncity.com</a> |

### Guest Information

|                |  |            |  |        |   |
|----------------|--|------------|--|--------|---|
| Surname        |  | First Name |  | Gender | M <input type="checkbox"/> / F <input type="checkbox"/> |
| Organization   |  | Phone      |  |        |   |
| E-Mail Address |  | FAX        |  |        |   |

### Reservation Request

|  |                  |            |          |  |  |
|--|------------------|------------|----------|--|--|
| Arrival Date<br>(Check-in: 15:00)        |                  |            |          | Departure Date<br>(Check-out: 12:00)     |  |
| IBIS STYLES<br>Block Code:<br>ISTWMS2024 | Superior         | Double ( ) | Twin ( ) | KRW 140,000 subject to 10% VAT per night |  |
|  | Junior Suite     | Double ( ) | Twin ( ) | KRW 190,000 subject to 10% VAT per night |  |
|  | No. of Breakfast |            |          | KRW 25,000 subject to 10% VAT per person |  |
| Novotel<br>Block Code:<br>NVTWMS2024     | Superior         | Double ( ) | Twin ( ) | KRW 170,000 subject to 10% VAT per night |  |
|  | No. of Breakfast |            |          | KRW 35,000 subject to 10% VAT per person |  |
| Accompanying Guest                       | Surname          |            |          | First Name                               |  |
|  | Organization     |            |          | Phone                                    |  |

### Guarantee Method

|                     |   |  |                 |       |      |
|---------------------|---|--|-----------------|-------|------|
| Card Type           | <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Diners Club <input type="checkbox"/> American Express <input type="checkbox"/> JCB <input type="checkbox"/> Others |  |                 |       |      |
| Credit Card No.     |   |  | Expiration Date | Month | Year |
| Cardholder's Name   |   |  |                 |       |      |
| Cut Off Date        | 2024.03.03 (Above room rates are available till the Cut-off date. After the cut-off date, the rate might be changed)  |  |                 |       |      |
| Cancellation Policy | Cancellations made less than seven (7) days prior to the arrival date will incur 100% of cancellation charge.   |  |                 |       |      |
| Signature           |   |  |                 |       |      |

### Hotel Use Only

|                  |  |       |  |      |  |
|------------------|--|-------|--|------|--|
| Confirmation No. |  | Staff |  | Date |  |
|------------------|--|-------|--|------|--|