

1. Guest Information.

Name (Surname&Firstname)			
Address			
Tel		Fax	
E-mail			

2. Hotel Booking Details.

Check in Date			
Check out Date		Number of Room	
Number of Nights		Number of Person	

Room Type			
Superior Room Smoking	-	KRW 165,907	(Double bed <input type="checkbox"/> , Twin Bed <input type="checkbox"/>) including 1 breakfast. (Smoking <input type="checkbox"/> , Non Smoking <input type="checkbox"/>)

Prices included 10% Service Charge and 10% Tax.

Check in time – 14:00 PM, Check out time – 12:00 PM

3. Payment Guarantee.

Please charge to my VISA Master AMEX Other _____
 Card number _____ Expiry date(mm/yyyy) _____ / _____
 Cardholder's Name(as it appears on the credit card) _____

Please attach copy of Cardholder's Credit Card front and rear side

4. Cancellation Policy

Cancellations MUST be sent to the Hotel by E-mail or Fax. One night's charge will be levied for guaranteed reservations when guest does not show up or reservations are cancelled or modified up to 2Days before the date of arrival.

I have read and understood the cancellation policies and wish to confirm my Hotel reservation

Date : _____ Name : _____ Signature : _____

Please return form to Fax : +82 2 6202 2059 or E-mail : rsales4@ramid.co.kr

Department Tel: +82 2 6202 2058

Address : 112-5 Samsung-dong, Gangnam-gu, Seoul, KOREA 135-010

www.ramadaseoul.co.kr