


<ASTI HOTEL RESERVATION FORM>

“아시아만성기의료협회”

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last Name	First Name	
Company			
Address			
Tel		Fax	
E-mail		Passport No.	
Check-in	Date:                      Time:	Check-out	Date:                      Time:
Flight No.		Arrival Time	

Following hotel rooms are available at special rates for Conference. Should you wish to make reservation for your accommodation, please fill in details on this form and email or fax directly to the hotel. Hotel Room reservation is subject to availability at the point of booking.

**HOTEL**

 4 Star Hotel <b>Reservations:</b> Tel:+82 51 409 8888 Fax:+82 51 409 8877	<b>ASTI Hotel Busan</b> ( <a href="http://astihotel.co.kr">http://astihotel.co.kr</a> ) Busan Dong-gu Jungang-daero 214beon-gil 7-8 <input type="checkbox"/> <b>Standard (City View):</b> KRW 88,000/night <input type="checkbox"/> Double <input type="checkbox"/> Twin <input type="checkbox"/> <b>Standard (Ocean View):</b> KRW 110,000/night <input type="checkbox"/> Double <input type="checkbox"/> Twin <input type="checkbox"/> <b>Breakfast:</b> KRW 22,000 / 1 person <input type="checkbox"/> 1ea <input type="checkbox"/> 2ea  On Saturdays, an additional charge of KRW 22,000 is added. The above rates are included 10% tax charges. Free Internet Access
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**Reservation Guarantee**

Card Type	<input type="checkbox"/> Amex <input type="checkbox"/> Diners <input type="checkbox"/> JCB <input type="checkbox"/> Master <input type="checkbox"/> VISA
Card Holder's Name:	
Card No.	Exp. Date                      MM/YY (    /    )
Signature	By Bank Draft

**Please send to:**

<b>ASTI Hotel Reservation</b>	Tel: +82 51 409 8888    Fax: +82 51 409 8877    E-mail: <a href="mailto:rsvn@astihotel.co.kr">rsvn@astihotel.co.kr</a>
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**Reservation Policy**

- ◆ After cut-off day, the best available rate will be applied upon hotel occupancy levels.
- ◆ Reservation should be accompanied with a credit card guarantee or one-night deposit by bank draft issued to the hotels. In the event of “no-show” or **cancellations with less than 3 days prior to arrival**, the hotel will levy a one-night charge. Room deposits and payments are the responsibility of the attendee and will be acknowledged directly by attendee. Guests are responsible for direct payment to the hotel for all charges including room, tax and personal incidentals. **Check in** time is 1500 hours and **Check out** time is 1100 hours.

Confirmed by Hotel: \_\_\_\_\_ Confirmed Fax Returned On: \_\_\_\_\_