**Please fill the reservation form below with reference to the Circulation letter and send it to hotel manager DIRECTLY if you would like to book with GOSPEL 2017 special rate.**

***Reservation centre****: phone +82-2-925-7000 / email :* *rsvn@hotelahill.com*

***Person in charge****: James Kim / email: sjkim@hotelahill.com*

***---------------------------------------------------------------------------------------------------------------***

***Personal Information***

|  |  |
| --- | --- |
| *Title / Salutation* | *Mr./Mrs* |
| *Last / First Name* | */* |
| *Phone / Email* | */* |
| *Email Address* | */* |

***Accommodation Information***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Name*** | ***Room Type*** | ***Room Rate*** *(per night)* | ***Date / Period*** |
| ***Check-In*** | ***Check-Out*** | ***Nights*** |
| *Best Western Arirang Hill*  | *Superior Double* |  *KRW 100,000* |  |  |  |
| *Superior Twin* | *KRW 110,000* |  |  |  |
| \* All the above room rates are including to 10% Service charge & 10% Tax *□**\* All the above rooms are including Breakfast buffet for free □*\* Additional number of Breakfast Buffet . One Person *□* Two People *□* *(KRW 12,000 per person / Publish Rate KRW 19,600 per person)* \* In case of no show, one night charge will be charged on your card. *□*\* Cancellation within 72 hours of arrival will be subject to one night’s charge will be forfeited on your credit card. *□*\* You must send this reservation form until end of 8th of October. *□*\* Our check in time is after 15:00 and check out time is 12:00 PM *□*\* Rate available period is from 8th of November to 9th of November, 2017 *□**Please check the above box that you have agreed all the conditions* |

***Payment Information***

|  |  |
| --- | --- |
| *□ Amex □ Diners □ Master* *□ Visa □ JCB* | *4 digit number for AMEX:* |
| *Card Number:*  | *Expiry Date:*  |

***Please fill out your special requests***

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|  |