

APEC GHTF IMPLEMENTATION WORKSHOP

HOTEL RESERVATION FORM

	N	Novotel Ambassador Gangnam (★★★★★)				
Fax to:	MR. DA	VID KIM				
	Tel: +8	2-2-531-6666	Fax: +82	Fax: +82-2-531-6670		
	E-mail:	E-mail: nagsales1@ambatel.com				
lease con	nfirm the fo	ollowing room reserva	tion:			
Ms.	Mr.	Last Name :		Fist Name :		
Title :						
Company	<i>'</i> :					
Address :	<u> </u>					
Zip Code :			Country	:		
Tel:			Fax :			
E-mail :			·			
Arrival Date			Departu	Departure Date		
Flight Number			Arrival 1	Arrival Time		
(if known)			(if know	n)		
Room Rate		☐ Twin / ☐ Double KRW154,000				
(Discounted Rate)		☐ Breakfast Per Person: KRW 22,000 per person / Number of person ()				
		es 10% service charge	•	V. A. T.		
	•	oool is available with free o	-			
* One Bott	tle of water p	per day is provided in the i	oom for free of charge) .		
Sooking G	uaranteed					
Card Type :			Name	on Card :		
Card No.	:			l .		
Signature) :		Exp. D	ate :	(

No-shows will be subject to charge for **TWO nights** of room rate

Cancellation must be made **TWO weeks** prior check in date, otherwise hotel may charge cancellation charge.