 ICAP Reservation Request Form

1. Guest Information.

|  |  |
| --- | --- |
| Name(Surname & First name) |  |
| 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 - ₩ 100,000 (Double bed ❒ , Twin Bed ❒) - Room Share (Twin Bed) - ₩ 50,000 ❒ ( Male ❒ , Female ❒)Breakfast (for one person) - ₩ 17,000 ❒ Breakfast (for two persons) ₩ 34,000 ❒Smoking ( Smoking ❒ , Non Smoking ❒) |

Prices do not include 10% Service Charge and 10% Tax. (Total 21% Tax & Service charge will be added)

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)

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 2008 or E-mail : rsreservation@ramid.co.kr

Reservation Department Tel : +82 2 6202 2000 ACC No. 9028146

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

www.ramadaseoul.co.kr