Reservation Form (by Feb. 15, 2024)

**\* Please complete and return this form to us by email.**

1. **PARTICIPANT INFORMATION**

|  |  |
| --- | --- |
| Title : Mr. / Ms. |  |
| Given Name : | Family Name: |
| Address : |  |
| States & Postal Code : | Country : |
| Phone : | E-mail : |

**\*\* This special room rate is ONLY available for the registrants during conference dates. For staying before or after the conference dates, the rate may vary. Please ask for more information \*\*\***

1. **HOTEL RESERVATION**

|  |  |
| --- | --- |
| **Arrival (Check-in) :** | Flight Number(if known) : |
| **Departure(Check-out)** **:** | Arrival Time (if known) : |
| **Hotel Room Type: either twin or double**  Twin Double |  |
| **No. of Guest** **:** | |
| Room Rate (w/o breakfast): **100,000KRW(Hotel)** per 1night.  It may vary. EXTRA CHARGE for extra towels & bedsheets, etc. may occur. No-show will be charged. | |

**3. REMARK**

**- Check-in is at 3pm and Check-out is 11am.**

- **In case of late check-in, please notify the hotel or secretariat in advance to avoid any inconvenience.**

**- You will be charged when CHECK OUT.**

**- If you wish to cancel, please notify 1 week in advance to avoid any penalties (1-night full charge).**

**- Reservation is subject to early closure before Cut-Off date due to limited quantity.**

**- Check out the room type** [**Click!**](https://www.high1.com/eng/tnrummanage/RumList.do?pageIndex=1&siteId=eng&key=1529&place=73&type=%EB%8D%94%EB%B8%94&type=%ED%8A%B8%EB%A6%AC%ED%94%8C)

**4. Inquiry**

**- For any inquiries or concerns, please contact the BCI2024 Secretariat.**