

KAAACI International Congress 2023

REGISTRATION FORM

1. GUEST INFORMATION

First Name:			Last Name:				(
Affiliation:									
Address:			Coun			ntry:			
Phone:			Fax:				Email:		
Accompanying Person (Mr. Ms.)			First Name:				Last Name:		
Check-in Date:			Check-out Date:				No. of Nights ()		
Check-in Time:			Special Request:						
2. HOTEL AND	ROOM PREFERENCE								
An official in charge			Hotel			Special Room Rates			
Ms Jungyeon Kim Ms Myungrang Park Tel +82-2-2022-0000									
			Grand Walkerhill						
					□ Dolu	VDW 270 200			
Fax +	Fax +82-2-2022-0567		Grand Walkernin		Deluxe : KRW 278,300				
E-mail: jungyeon.kim@sk.com									
be	eckypark@sk.com								
			Room Type & Prefere	nce					
			**		lo Dod				
		IW	in Beds	Doub	е веа				
previous ev before 17:0 * Notes 1. Gra 2. Roo 3. The 4. Bre	ening. Also late check-out 0 and after 11:00. and Walkerhill & Vista Walk oms will be assigned on a fi	erhill Horst- erst-com- erst-rst-com- nfirmation	ion for your room reservatio erson.	discount other on th	off the	above rate		_	
3. PAYMENT IN	IFORMATION								
		ition, yo	our credit card information i	must be ac	compai	nied.			
Card Type	Amex [Diners	☐ Euro Card						
		1aster	□VISA	Card No.					
Exp. Date			(MM/YY)	Signatu	re				
	1								

* Cancellation Policy

- $\boldsymbol{\cdot}$ Reservation is modifiable by 18:00PM on the 5-day before guest arrival.
- If guest fails to change or cancel before applied time on policy, one-night penalty charge will be applied.
- · All policies are based on hotel time.