

HOTEL RESERVATION REQUEST

Special rate for Strings 2013

◆ Please complete this form and return directly by fax or e-mail to us.

Reservation Dept. : Phone: +82 2 6009 1000

Fax: +82 2 6009 1004, e-mail: reservationmapo@lotte.net / barneykang@lotte.net

Last Name (Mr./Ms.):		First Name:	
Company Name:		·	
Address:			
Phone No.:		Fax No.:	
Email:		Sharing Room with:	
Arrival Date:		Flight No./ Time:	
Departure Date:		Flight No./ Time:	
Airport Pick Up Reques	et: 🗆 By EQUUS (KRW14	40,000) □ By	Van (KRW140,000)
* The driver will be wait	ing for the guest at the gate of the	e flight with name picke	t on. (These rates are not set in stone.)
Hotel	Room Type	Size	Special Rate
LOTTE CITY HOTEL MAPO			-
	Superior Double	25.8 sqm	☐ KRW173,000
	Superior Twin	33.1 sqm	☐ KRW193,000
* The above special * Cancellation or N	rates include breakfast (carates are subject to 10% o Show on the arrival date are is required to guarantee	government tax. e will be charged	as a full night's rate per room.
Card: ☐ Amex ☐ Diners ☐ Master ☐ Visa ☐ JCB			4 digit # for AMEX:
Card Number:			Expiry Date:
Check-in time - 2:00	pm, Check-out time - 1	2:00 noon.	
	ial requests and commen		
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Date:	Signa	iture:	