HOTEL RESERVATION FORM (must use this form)

ISOPE-2005 Seoul, June 19-24, 2005

Fax This Form Directly to the hotel of your choice, **with one-night's deposit.**

COEX Convention Center is the official venue for the Conference. The official hotels with the ISOPE room rates are listed below. If making your reservation without this form, you must indicate that reservations are for the *ISOPE Conference*. In order to have your room guaranteed, **the hotel of your choice** must receive this reservation form with **one (1)** night's deposit must be received **via fax** only and no later than the dates indicated below.

Surname (Family name): _____ First (Fore) & Middle: _____

Circle: Male Female; Title; Mr. Ms. Mrs. Prof. Dr.

Company: _____

Address _____

City _____ Country _____

Postal (ZIP) Code _____

Fax No. _____ **E-mail** _____

Arrival: June ____ Time _____; Depart.: June ____, Time ____

Fax this form directly to the hotel of your choice. Hotel will **confirm the reservation by either E-mail or fax** upon deposit

Category and hotels		Rates, Korean Won (KRW)✞		Distance to Venue
Stars	Hotels for ISOPE discount rates	Single	Twin**	
5	❑ **COEX Intercontinental Seoul:** *Reception, TPC and Banquet*	**Deadline**: **April 18**		3 min W
	❑ Superior Room	190,000	210,000	
	❑ Corner Suite	370,000	370,000	
	Fax to +82-2-559-7896 : ISOPE Group Code; **ISOPE 0617**			
3	❑ **IBIS Seoul**	**Deadline**: **May 18**		15 min W
	❑ Standard Room	87,300*	87,300*	
	Fax to +82-2-3011-8050 : ISOPE Group Code; **ISOPE-2005**			

W = By Walk. ✞ Subject to10% service charge and 11% cumulative tax.
* 78,300 KRW on Saturday: ** Name of the person to share: _____

Advance Deposit and Methods of Payment. Please enclose **one (1)** night's deposit plus tax and service charge per room. Cancellations received less than 7 days to the arrival and no shows will be assessed **one (1)** nights room and applicable tax and service charges.

❒ **FAX to hotel.** . I authorize a charge of $_____ to my credit card

(*circle one*): **Visa** **MasterCard** **Amex** **JCB** **Diner's Club**

Credit Card Number: _____

Name on card: _____ Exp. Date : _____

Signature: _____ Date: _____, 2005

Complete, and fax this form directly to the hotel of your choice above, with **deposit**.

Reservation by fax only

Reservation after **the deadline** is subject to room availability.