**Association du Droit Civil coréen-français(한불민사법학회)**

**Innopolis Guest House Reservation Form**

**■ Guest information for reservation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Nationality** |  |
| **Contact Number** |  | | |
| **E-mail** |  | | |

**■ Options (*\*Room Only)***

|  |  |  |
| --- | --- | --- |
| **Room Type** | 1 Pax Room : Single Bed ( ) ***KRW 40,000 per night***  2 Pax Room : 2 Single Beds ( ) ***KRW 55,000 per night***  4 Pax Room : 2 Double Beds ( ) / 4 Single Beds ( ) ***KRW 75,000 per night*** | |
| **Stay Info.** | Check In: | Check Out: |
| **Remark** |  | |

1. Please notice that check-in date is 15:00, and check out date is noon.
2. You are responsible for indemnify in any cases of damaging or losing the properties of the room.
3. We are demanding you to wash the dishes after using.
4. There is no smoking room. (ALL Non-Smoking Room)

**■ Notice of Penalty**

1. If canceled before 12 o'clock on the arrival date : 20 % of the room rate for the first night.
2. If canceled before 18 o'clock on the arrival date : 50 % of the room rate for the first night.
3. If canceled after 18 o'clock on the arrival date or NO SHOW : 100% of the room rate for the first night.

**Payment Information**

|  |  |
| --- | --- |
| **Card Type** | **□ VISA □ MC □ Diner □ Unior Pay □ JCB □ Other ( )** |
| **Credit Card Number** |  |
| **Expiry Date** |  |
| **Name as on the credit card** |  |

I understand that should there be any issues with the credit card being used to settle my charges,

I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest Name :

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**INNOPOLIS GUEST HOUSE**

**27-5 123bean-gil, Expo-ro, Yuseong-gu, Daejeon 305-340, South Korea Tel: +82-42-865-2500**

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