

# Hotel Reservation Form

## Four Points by Sheraton Suwon

**ACMD2024 staying 8/25/2024-8/29/2024**



27, Hyowon-ro 307beon-gil, Paldal-gu, Suwon-si, Gyeonggi-do, 16488, South Korea  
 Phone: 82-31-784-9300 / Fax: 82-31-784-9400  
 Please e-mail to [fp.selfo.reservation@fourpoints.com](mailto:fp.selfo.reservation@fourpoints.com) / [anna.lee1@fourpoints.com](mailto:anna.lee1@fourpoints.com)

### Personal Information

|  |             |              |
|--|-------------|--------------|
| Last Name:   | First Name: | Mr. / Ms.    |
| Company/Organization:                              |             | Nationality: |
| Work Phone:<br>Country code    Area code    Number |             | E-mail:      |
| Marriott Bonvoy Membership:                        |             |              |

### Itinerary & Room Reservation

|  |   |
|--|---|
| Arrival(MM/DD/YY):<br>Estimated Arrival Time:<br>(Check-in: 15:00)   | Departure(MM/DD/YY):<br>(Check out: 12:00)  |
| <b>ROOM RATE</b>   |   |
| <p><b><u>Premier Room (All - Non Smoking rooms)</u></b></p> <p><input type="checkbox"/> Premier King or Double (Room only) <b>KRW 187,000</b></p> <p><input type="checkbox"/> Premier King or Double (1 Breakfast) <b>KRW 209,000</b></p> <p><input type="checkbox"/> Premier King or Double (2 Breakfast) <b>KRW 231,000</b></p> <p>* Please mark <b>x</b> which you prefer.<br/>             * Additional Breakfast charge KRW 39,000 per person on site.<br/>             * All rates are <b>included</b> 10% government tax.</p> | <p><b>Information</b></p> <p>* All of general benefits mentioned on the left<br/>             * Breakfast at "The Eatery" Restaurant (16<sup>th</sup> Floor)<br/>               ↳ (6.30am ~ 10.00am)</p> <p><b>General Benefits</b></p> <p>* Daily two (2) complimentary bottles of mineral water<br/>             * Complimentary use of the gym on 18<sup>th</sup> floor<br/>             * Free WI-FI access at the guest room</p> |
| * Special request if necessary:  |   |

### Please indicate your credit card information to guarantee your reservation.

|   |  |
|---|--|
| <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Diners Club <input type="checkbox"/> American Express <input type="checkbox"/> JCB |  |
| Credit Card Number:   |  |
| Expiration Date (MM/YY):  |  |
| Cardholder's Name:  |  |
| <b>Cancellation Policy</b>  | You may cancel your reservation for no charge before 11:59 PM local hotel time 1 day before arrival. |
| Agreed for providing personal information to hotel  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                               |
| Signature:  |  |

### Please complete this form and return it directly to hotel by e-mail.

|                  |                |                                     |
|------------------|----------------|-------------------------------------|
| Contact Person   | Phone          | Email                               |
| Reservation      | 82-31-784-9300 | fp.selfo.reservation@fourpoints.com |
| Sales (Anna Lee) | 82-31-784-9333 | anna.lee1@fourpoints.com            |