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|  | **Felix by STX Hotel & Suite**  **Reservation Form** |  |

Pff

**Please complete this form with all the requested information and send it directly to the hotel e-mail**

**(Tel: 051-969-5000 / E-mail: felix@onestx.kr / Fax: 051-969-5004)**

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| --- | --- |
| **Conference Name** | **ICBMT 2024**  SEPTEMBER 26(Thu) ~ 28(Sat), 2024 BEXCO |

1. **Personal Informaion**

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| --- | --- | --- | --- |
| □MR. □MRS.  □MS. □DR. | **First Name** | **Last Name** | **Nationality** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Check In Date** |  | **No. of Persons** |  |
| **Check Out Date** |  | **Mobile No.** |  |
| **E-Mail** |  | **Remark** |  |

1. **Room Requirements**

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| --- | --- | --- | --- | --- |
| **Room Type** | **Room size** | **Special Rate (INC)** | **No. of Room(s)** | **Remark** |
| □ Studio Deluxe Double | 29㎡ | **Weekdays KRW 80,000**  **Weekends KRW 100,000** |  | 1 Double Bed |
| □ Studio Deluxe Twin |  | 2 Single Beds |
| □ Suite Deluxe Double | 50㎡ | **Weekdays KRW 100,000**  **Weekends KRW 120,000** |  | 1 Double Bed |
| □ Suite Deluxe Twin | 2 Single Beds |
| □ Suite Side Ocean Double | 50㎡ | **Weekdays KRW 120,000**  **Weekends KRW 140,000** |  | 1 Double Bed |
| □ Suite Premier Double | 55㎡ | **Weekdays KRW 150,000**  **Weekends KRW 170,000** |  | 1 Double Bed |
| □ Suite Premier Family | 55㎡ |  | 1 Double/1 Single |
| □ Suite Ocean Double | 55㎡ | **Weekdays KRW 180,000**  **Weekends KRW 200,000** |  | 1 Double Bed |
| □ Suite Ocean Family | 56㎡ |  | 1 Double/1 Single |

- This is the special rate for “ICBMT 2024 attendees.

- The above rates are included 10% tax and service charges.

- The above rates are not including breakfast. Additional charge KRW 19,800 for breakfast. (original KRW 25,000)

- Free Parking underground(B2-B5)

- Haeundae station(1min walk), Hotel basement directly connected to Haeundae station via a walkway

- Fitness Center for guest (4F)

- Free WIFI

1. **Credit Card Deposit**

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit Card** | □ VISA □ Master □ AMEX □ Others ( ) | | |
| **Holder’s Name** |  | **Expiration Date (MM/YY)** |  |
| **Card No.** |  | | Signature |
| The above card information is used for the guarantee of your reservation only, and the payment will be made upon check-in. I agree that using the above credit card information to be used in relation to cancellation fees and the occurrence of the No-Show. | | |

1. **Terms and conditions**

- CHECK-IN 15:00 / CHECK-OUT 11:00

- At room cancellation, if the room is not cancelled by 2 days before check-in, it is required to pay a cancellation fee.

**-** No Show will be charged for one night and you cannot cancel or change it on the day of check-in