

Reservation Request Form (valid from June 19)

NAME on your passport	Given Name		Middle Name		Surname	
Date of Birth			Passport No.		Gender	Male / Female
Date of Expiry			Email			
Date of Check-in		Date of Check-out		Room Type*	Single / Twin	

*Single room rate: EUR 130 EUR 80 - per night (special conference rate & special discount)

Twin room rate: EUR 145 EUR 100 - per night (special conference rate & special discount)

As mentioned above, I would like to book a room at Club Hotel Casino Loutraki, Greece.

Date : _____

Signature : _____

Please fill up this form and send it with a scanned copy of your passport to us by fax. or e-mail.

- Reservation deadline: 24th Jun 2011
- Full Payment deadline: 24th Jun 2011
- **As soon as the full payment is done, NO refunds are available.**
- Bank Information for wired transfer
 - Name of bank: Woori Bank Mapoguchung Branch
 - Address of bank: 370 Seong-San-dong, Nan-Ji-Do-gil, Mapo-gu, Seoul, South Korea
 - Postal Code: 121-711
 - City: Seoul
 - Country: South Korea
 - Account No.: 1081-800-514107
 - Account Beneficiary: Samjoo Travel Co
 - BIC code (8 or 11 digits): HAVBKKRSEXXX
- Contact: Ms. Park Jeong-Mi, Director
 - FAX) 82-2-3141-6358 / Email) samjoo53@naver.com
 - Please do not hesitate to contact us, if you have any questions for the reservation.