

Embassy Suite Guest Registration Form

ALL FIELDS ARE REQUIRED

Guest Name		Unit or Employer	
Date of Check-in	Date of Check-out	ETA (Estimated Time of Arrival)	Number of Occupants ____Adult/s) ____ (Kid/s)
Phone Number		E-mail Address	
Mailing Address			
Name of Contact Person in Korea		POC's Phone Number	

*** Daily Rate 2021**

For 1 night	\$120/night	<input type="checkbox"/>
For 2 nights	\$100/night	<input type="checkbox"/>
For 3-6 nights	\$79/night	<input type="checkbox"/>
For 7-9 nights	\$74/night	<input type="checkbox"/>
For 10-13 nights	\$69/night	<input type="checkbox"/>
For 14 nights or more	\$64/night	<input type="checkbox"/>

*** Add-on Service**

Please check the boxes for orders

COVID19 KIT	15 KF94 Masks + Hand sanitiser + Hand wash + Clorox	\$30	<input type="checkbox"/>
Roll Away Bed	Number of beds ____ (Maximum 2)	\$10/night	<input type="checkbox"/>

(Initial)

- * I understand that Embassy Suites are non-smoking accommodations. _____
- * I understand that more than two adult guests
(12 years old and above) in a room will cost an extra \$10.00 per person. _____
- * I understand that NO PETS are allowed in guest rooms. _____
- * I agree to pay for any damages incurred by smoke or otherwise. _____
- * I agree to pay \$_____/night x _____ nights and total \$_____ _____
- * I have read the rules & polices of the Embassy Suites. _____
- * \$20 cleaning fee will be additionally charged per stay. _____

* Credit Card Information is required to finalize the reservation.

Credit Card # _____ Expiration Date: _____

Signature: _____ Date: _____