



2018 International Korean Nursing Conference Hotel and Tour Request Form

Last Name : _____ First Name : _____
 Nationality : _____ Date of Birth : _____
 Email : _____ Phone No : _____

La Guardia Plaza Hotel :

Price : \$179 (per night / per room)

No of Client : _____ Persons

No of Nights : _____ Nights

Check In Date : _____

Check Out Date : _____

Room Type : _____ Single, _____ Twin, _____ Room Share

Guest 1 : Last Name : _____ First Name : _____ Gender _____

Guest 2 : Last Name : _____ First Name : _____ Gender _____

Hospital Visit and Tour Reservation

_____ \$50 Hospital Visit (9am-2pm on 30 Jun)

_____ \$80 NY City Tour (2pm-7pm on 30 Jun)

_____ \$70 NY Night Tour (7pm-10pm on 30 Jun)

_____ \$120 Hospital Visit and NY City Tour (9am-7pm on 30 Jun)

_____ \$180 Hospital Visit/ NY City Tour/ NY Night Tour (9am-10pm on 30 Jun)

_____ \$620 Eastern America Tour 5 nights 6 days from 1 Jul

_____ \$525 Eastern America Tour 4 nights 5 days from 2 Jul

_____ Additional Hotels and Tours

Guest 1 : Last Name : _____ First Name : _____ Gender _____

Guest 2 : Last Name : _____ First Name : _____ Gender _____

Special Requests _____



히포캄포 투어
뉴욕/미동부 테마여행, 교육여행 전문



CREDIT CARD AUTHORIZATION

Card Holder Name _____

Address _____ Zip Code _____

Phone _____

Credit Card Type: Amex ___ MC ___ Visa ___ Discover ___

Credit Card Number _____ Exp. Date _____

Security Code _____

Signature of Cardholder _____ Date _____

The Cardholder agrees by their signature above that all charges incurred by the Cardholder at the above Reservation are authorized to be charged to the Cardholder's credit card indicated above, unless Cardholder provides alternate form of payment.