



JEJU KAL Hotel Reservation Request Form

Date : _____

Name Of Person	Check In Date	Check Out Date	First name	Last name	Nationality
Mr./Ms					
Mr./Ms					
Mr./Ms					

Company	
Contact person	
Tel	

Room Type	No. of Room	No. of Person	Smoking/ Non Smoking	Breakfast	Special request
Standard Single Room					
Standard Twin Room					

* Would you like to bring a laptop with you?	Yes	No
* Is your laptop equipped with a wireless LAN card	Yes	No

Credit Card #	
Expire Date	
Name of Card holder	

Remarks/ Special Request

RSVN #

For further inquiry, please contact RSVN office by:
 822-310-6677(Tel.) 822-310-6680(Fax) or rsvn@kalhotel.net