

The 61st Annual Congress of the Korean Orthopaedic Association

TOUR APPLICATION FORM

1) PERSONAL INFORMATION

(Please type or print **CLEARLY**)

First (Given) Name :		Last (Family) Name :		(<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.)	
Nationality:		Hotel / Room No. :			
Email		Mobile No.			
Accompanying person 1 :	First Name		Last Name		
Accompanying person 2 :	First Name		Last Name		
Accompanying person 3 :	First Name		Last Name		
Accompanying person 4 :	First Name		Last Name		
Accompanying person 5 :	First Name		Last Name		
Accompanying person 6 :	First Name		Last Name		

2) Choice of Tour Programs

Tour Name	Date	Duration	Price	No. of person
<input type="checkbox"/> Seoul Day Tour	Oct 19	09:00-18:00	US\$50	
<input type="checkbox"/> Seoul Day Tour	Oct 20	09:00-18:00	US\$50	
<input type="checkbox"/> Seoul + DMZ Tour	Oct 21	09:00-18:00	US\$50	

- Each tour program can be run with the minimum number of persons required
If minimum number of person is not reached, the programs may be cancelled with or without prior notice.
- Tour reservation should be faxed or e-mailed to 2017 the 61st Annual Congress of the Korean Orthopaedic Association Official Travel Agency.
Space in each tour program will be granted on a 'first-come, first-served basis.
- Any requests for changes or cancellation should be made by fax or e-mail notice to 2017 the 61st Annual Congress of the Korean Orthopaedic Association Official Travel Agency.

3) Contact

Please fill out this form and hand it to the tour desk at the venue.

Official Travel Agency HANA TOUR

Moonkyung Cho, Tel:+82-2-755-3451, Fax:+82-2-755-3482, E-mail : moonkyungcho@hanatour.com