|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2014 Sokcho Music Festival** | | | | | |
| **Seat Allocation Application Form** | | | | | |
| Applicant Information | | | | | |
| Full name |  | | | | |
| Requested Date |  | | Phone Number | |  |
| Number of requested seat |  | | E-mail | |  |
| **Attention point** | | | | | |
| 1. The seat will be finalized after relevant payment completed from the application day. 2. If canceled, not a refund after confirmation of seats. 3. The more closing time is approaching, seat confirmation may be more difficult cause the number of reservation are increasing. 4. Please observe of the request date. | | | | | |
| Person in charge | **Section Head**  **Mr. Kim (Han Su, KIM)** | Phone Number | | 070-4367-3950 | |
| E-mail | | korman@sh25.co.kr | |
| **Employee**  **Mr. Jang (Won Sun, JANG)** | Phone Number | | 070-4367-3947 | |
| E-mail. | | jws@sh25.co.kr | |