



Application Form for Hotel Reservation

7th ICAAP

FAX to JTB at +81-6-6263-0717

Return this form by Jun. 10, 2005 to
JTB Event & Convention Sales Dept.
Western Japan Regional Headquarters

2-1-25, Kyutaro-machi, Chuo-ku,
Osaka 541-0056 Japan
Tel:+81-6-6260-5076
E-mail:itdw_ec1@kns.jtb.co.jp

Please type or print in **BLOCK LETTERS** and check appropriate boxes

Name:			
Mr. Ms. Dr. Prof. _____	_____	_____	04 Sex _____
(01 Family Name)	(02 First Name)	(Middle Name)	
09 Organization: _____			05 Citizenship _____
07 Academic Degree: _____		08 Current Position _____	
06 Passport _____	_____	_____	03 Birth Date _____
(Number)	(Place of Issue)	(Expiring Date dd/mm/yy)	(dd/mm/yy)
10 Address: _____			
_____		(Country)	(Zip Code)
(11 Telephone)	(12 Facsimile)	(13 E-mail)	
Please send confirmation by : Please check Fax E-mail			
Accompanying Person-1 : Mr. Ms. _____		_____	
		(Family Name)	(First Name)
Accompanying Person-2 : Mr. Ms. _____		_____	
		(Family Name)	(First Name)

Hotel Accommodation

Currency: Japanese Yen (JPY)

Name of Hotel	Room Type	Period of Stay
1st choice _____	Participants: please check Twin room Single usage	Check-in date: _____ Check-out date: _____ _____ Night(s)
2nd choice _____	Single room	HOTEL Deposit = JPY 10,000 (A)

Grand Total = (A) + JPY840 (Handling Fee) = JPY10,840

Remittance Procedure

I would like to pay the above total by Credit Card. (Please fill in the following form)

Record of Charges

Total Amount : JPY : _____

Name of Card : Diners / MasterCard / VISA / JCB / AMEX

Credit Card No. : _____

Expiration Date : _____

Name on Card : _____

Date : _____ Signature : _____

(This application will be valid upon your receiving confirmation from JTB.)