

Hotel Reservation Form
ASP-DAC 2007
January 23-26, 2007, Yokohama Japan

Please complete and return this form to: JTB Tokyo Metropolitan Corp. JTB Yokohama Convention Center Address: Dai-6-Yasuda Bldg. 6F, 3-29-1 Tsuruya-cho, Kanagawaku, Yokohama 221-0835, Japan Phone: +81-45-316-4602 Fax:+81-45-316-5701 e-mail: jtb_convention@jtb.jp
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Deadline: Dec 22, 2006, Japan Time

Note: You should send this form by postal mail or fax when you apply.

(Please type or write in block letters.)

Full Name: ()Prof. ()Dr. ()Mr. ()Ms.

Family Name: _____, First Name: _____, Middle Initial: _____

Affiliation: _____

Mail Stop: _____

Dept./Div.: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

Please remember to include your country and/or city code for Phone/Fax numbers.

Name of Accompanying Person(s), Family Member(s) if any:

()Mr. ()Ms.

Family Name: _____, First Name: _____ Middle Initial: _____

Arrival Schedule:

Arriving at _____(airport) on _____(date)

by _____(flight number)

Hotel Accommodations:

Please select 2 hotels in order of preference and enter the name of the hotel and the hotel number(see hotel list in this program).

1st choice: _____(No.)

2nd choice: _____(No.)

Room Choice: ()Single ()Twin

Breakfast: ()Yes ()No

Period of Stay: Check-in _____ Check-out _____ for _____ nights

Guarantee of Booking:

Credit Card: ()AMEX ()VISA()Master Card

Card Number: _____-_____

Card Holder's Name : _____

Expiration Date: ____/____ (month/year)

Authorized Signature: _____