Hotel Reservation Form
ASP-DAC 2009
January 19 - 22, 2009, 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,Kanagawa-ku,
Yokohama 221-0835, Japan
Phone: +81-45-316-4602 Fax:+81-45-316-5701
e-mail: jtb_convention@jtb.jp

Deadline: Dec. 15, 2008, 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 the advance 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: ____________________________