## JFW JAPAN CREATION 2009A/W

Please fill out this form and send it to:

## Hotel Reservation Form

Due Date: September 16, 2008

JTB EXPO DESK (	(CD101923-932)		F	ax: +81 3 5495	0785	
CONTACT INFO	RMATION:					
NAME: □ Mr. [	□ Ms.					
NAME:   Mr.   Ms. (Family Name)				(Given Name)		
TITLE:						
<b>ADDRESS</b> : □ Off	fice 🗆 Home					
Postal Code:				Country:		
Phone: Fax:			e-mail:			
HOTEL ACCOMMO	ODATIONS:					
Family name	Given name	Twin Room Family Name	shared with Given name	Check-in / out Number of nights	Room type	
Mr		Mr	diven name	- Humber of Hights	Single	
Ms		Ms		( ) nights	Twin	
Mr		Mr		-	Single	
Ms		Ms		( ) nights	Twin	
Mr		Mr 		_	Single	
Ms Mr		Ms Mr		( ) nights -	Twin Single	
Ms		Ms		( ) nights	Twin	
Mr		Mr		-	Single	
Ms		Ms	D	( ) nights	Twin	
1st choice			Remarks:			
)TEL Madada S						
OTEL 2nd choice						
PAYMENT:						
PAYMENT:						
		sit in Japanese Ye		g credit card:		
□ VISA □	MASTER   DII	NERS CLUB   AM	IEX			
Card Number:			Expiration M	onth/Year:/		
Name on (	Card:					
<b>A</b> uthorize	ed signature:					
Security	Code:					