

JFW JAPAN CREATION A/W 2010

Hotel Reservation Form

Please fill out this form and send it to:
JTB EXPO DESK (CD265588-002)

Due Date: September 11, 2009
Fax: +81 3 5495 0785

1. CONTACT INFORMATION:

NAME: ☐ Mr. ☐ Ms. _____
(Family Name) (Given Name)

TITLE: _____

COMPANY: _____

ADDRESS: ☐ Office ☐ Home _____

_____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____ e-mail: _____

2. HOTEL ACCOMMODATIONS:

	Family name	Given name	Twin Room shared with		Check-in / out Number of nights	Room type
			Family Name	Given name		
1	Mr Ms		Mr Ms		- () nights	Single Twin
2	Mr Ms		Mr Ms		- () nights	Single Twin
3	Mr Ms		Mr Ms		- () nights	Single Twin
4	Mr Ms		Mr Ms		- () nights	Single Twin
5	Mr Ms		Mr Ms		- () nights	Single Twin
HOTEL	1st choice			Remarks:		
	2nd choice					

3. PAYMENT:

I agree to pay the hotel deposit in Japanese Yen by the following credit card:

☐ VISA ☐ MASTER ☐ DINERS CLUB ☐ AMEX

Card Number: _____ Expiration Month/Year: ____/____

Name on Card: _____

Authorized signature: _____

Security Code: _____

*Other than AMEX: final 3 digits on the reverse side of the end, AMEX: final 4 digits on the front of the card (Upper level)