MVA 2000

IAPR WORKSHOP ON MACHINE VISION APPLICATIONS 2000

November 28-30, 2000

APPLICATION FORM FOR HOTEL ACCOMMODATIONS

Japan Travel Bureau, Inc. International Travel Division Convention Center (CD100993-951)		Deadline: October 20	
5-5-2 Kiba, Koto-ku, Tokyo 135-8520, Japan		Fax: +81-3-5620-9499	
(Please type or print in block letters a	nd check appropriate bo	exes.)	
NAME: Prof. Dr. Mr. I	Ms.		
Family name	(Given name	
ORGANIZATION:			
ADDRESS: Office Home			
	Postal code	Country	
Phone:		Fax:	_
Name of Accompanying Person(s), if a	nny:		
Mr. Ms. Family name	Given name		
Flight Schedule: Arriving at	(airport) on	(date) by	(flight number)
HOTEL ACCOMMODATIONS			
Hotel name	Room type	Period of stay	Amount of deposit
1st choice	Single	Check-in	
2nd choice		Check-out	=¥(1)
	Twin	() nights	(One night room charge)
		, ,	
REMITTANCE Grand Total: (1	1) +¥ 800 (handling charge	$(x) = \underline{Y}$	
Credit card: VISA MasterCa	ard Diners Club A	MEX	
Card number:			
Name of card holder:		_Expiration date:/	
Authorized signature:			
Bank transfer			
I(We) have remitted the above sum of t	total on	(date) by the na	me of
		(r	name of remitter) through
			name of bank) to:
Bank of Tokyo Mitsubishi, Shin-Maru Account number: 1025740 Account r	name: Japan Travel Bureau	i, Inc. (Message: CD100993-951)	
* We should appreciate your send	ing us a copy of the bank red	ceipt for your remittance to avoid t	he possible confusion.
Enclosed a bank check payable to the o	order to the Japan Travel Bu	ureau, Inc.	
Date:	Signature:		

(This application will become valid upon receipt of confirmation from JTB.)