Hotel Reservation Form

Please complete this form and return it to the Hotel below no later than September 30, 1996.

MIYAKO INN TOKYO
3-7-8 Mita Minato-ku Tokyo 108, Japan
Phone: +81-3-3454-3111
Fax: +81-3-3454-3397

NAME AND ADDRESS : Type or print in block letters.

Title : 1 ☐ **Prof.** 2 ☐ **Dr.** 3 ☐ **Mr.** 4 ☐ **Ms.** **(check one)**

Name : ____________________ ____________________ ____________________

Family name **First name** **Middle initial**

Mailing Address : 1 ☐ **Home** 2 ☐ **Office**

If you check "Office", please be sure to write the affiliation name here.

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______________________________ **Country** ______________

Phone ____________________ **Fax** ____________________

Credit card and number : ____________________ **Expiration date:** ______________

☐ **AMEX** ☐ **MASTER CARD** ☐ **VISA** ☐ **DINERS CLUB**

Name of Accompanying Person(s), if any: **1)** ______________ **2)** ______________

HOTEL ACCOMMODATION

*** Please mark ✓ in the boxes shown below.**

Type of Room (check one)	**Length of Stay**	**Total Cost**
☐ **Single** **¥ 9,720**	**Check-in _______ , 1996**	**¥**
☐ **Twin (Two persons) ¥15,300**	**Check-out ______ , 1996**	

Service Charge(10%) and tax(3%) will be added to the above rate.

Signature: ______________________________ **Date:** ______________

Reservation Information

Period:	**Rooms are reserved for 60 people for the period from November 11(check-in) to November 15(check-out). Except for the period, room availability may be limited.**
Reservation:	**Room reservations will be accepted until September 30, 1996. However, since the number of available rooms is limited, reservation inquiries will have to be rejected once all rooms are fully booked. If it is impossible to reserve a room for you, the Hotel will inform you by Telefax within a week after receiving your inquiry.**
Cancellation:	**Please inform the Hotel prior to 5pm on the date of arrival, if you wish to cancel or change your reservation. Otherwise, you will be billed.**