

IWFHR-9 Workshop Hotel Reservation Form

Please FAX to Hitachi Travel Bureau, Ltd. (at HCRL) Fax: +81-3-5634-1561

INSTRUCTIONS FOR HOTEL RESERVATION: Please fill in all information and send this form by fax. Reservation will be accepted only by facsimile. The reservation through IWFHR-9 must be received no later than **September 30, 2004**. We will send a confirmation by fax within 5 business days. Please bring the confirmation with you to check-in at your Hotel.

OFFICIAL AGENCY: c/o Tomoyuki Asai, Hitachi Travel Bureau, Ltd.

Address: 7-2-18 Toyo-cho, Koto-ku, Tokyo 135-8372, JAPAN

e-mail: htbgakka2@cm.hitachi-hb.co.jp

A. CONTACT INFORMATION (Please complete all information in block letters below and mark X in [].)

Name: _____ [] Male [] Female				
Title	Last	First	Middle	
Affiliation: _____				
Address: _____				
City: _____		State: _____	Zip: _____	Country: _____
Tel: _____		Fax: _____		
e-mail: _____				

B. RESERVATION INFORMATION

(1) Hotel required: Please fill in the Selection code (one of A thru F) below, number of persons, and check-in and check-out dates. Reservation is based on the first-come first-serve policy.

Selection: The 1st choice: _____ The 2nd choice: _____

Number of persons: _____ (one or two)

Check-in date (Arrival): October _____, 2004 Check-out date (Departure) : October _____, 2004

Number of nights: _____

(2) Hotel information: Room rates are inclusive of tax, service charge and breakfast(s).

- **Dai-ichi Hotel (at Kichijoji):** Main hotel of the workshop. Chartered bus service available.

Selection A: A single bed room for one person **¥12,500 per night**

Selection B: A double bed room for one person **¥17,500 per night**

Selection C: A twin bed room for two persons **¥24,000 per night**

- **Tokyu Inn Hotel (at Kichijoji):** Chartered bus available. 7 minutes' walk from Dai-ichi Hotel.

Selection D: A single bed room for one person **¥10,000 per night**

Selection E: A twin bed room for two persons **¥17,000 per night**

- **Hotel Mets (at Musashi-sakai):** Two stops by train and walk to the workshop venue.

Selection F: A single bed room for one person **¥8,300 per night**

(3) Other requirements (If any, e.g. you need 2 rooms, please explain below.)

C. PAYMENT INFORMATION (Please choose either VISA or MASTER.)

The type of credit card: [] VISA [] MASTER		Expiration: _____ / _____ (Month/Year)
Card Number: _____ - _____ - _____	*Sum Amount Payable: ¥ _____	
		*Leave out so that office will fill in later.
Name on card: _____	Signature: _____	

CANCELLATION POLICY: (1) 13 to 8 days prior: Refund at 20% of a night charge; (2) 7 to 1 days prior: 50%; (3) Arrival day or no show: No refund. Only cancellation in writing sent by fax will be accepted.

HOTEL RESERVATION REPLY (Official Use Only) Confirmation number: _____