

HOTEL RESERVATION FORM

The International Hotel Ube is negotiated in relatively low rate by the Executive Committee. Please choose the type of room and send this form *directly* to the hotel by Fax.

Hotel	Type of room	Breakfast
International Hotel Ube 1-7-1 Shima, Ube, 755-0047 Japan Fax. +81-836-32-2316 Tel. +81-836-32-2323	<input type="checkbox"/> Single (standard) 5,301 yen <input type="checkbox"/> Single (deluxe) 6,548 yen <input type="checkbox"/> Twin (standard A) 8,316 yen <input type="checkbox"/> Twin (standard B) 8,939 yen <input type="checkbox"/> Twin (deluxe) 11,434 yen	<input type="checkbox"/> 1,050 yen/person
Date of Arrival _____ Date of Departure _____ Number of Nights _____ Number of Breakfasts _____ Total amount ¥ _____ (+5% VAT)		

Please type or print in block letters below:

Name _____
 (Surname) (First Name) (Middle Name)

Affiliation _____

Address _____

Tel. _____ Fax. _____

E-mail _____

Cancellation: Twenty percent of the amount will be charged if a notice of cancellation is received 2 or 1 days before the date of arrival. Eighty percent of the amount will be charged if a notice of cancellation is received at the date of arrival. All the amount will be charged, in case the notice not received.

Declaration: I have understood the condition of cancellation in this document.

Date _____ Signature _____