



**FAX +81-3-5296-5754**

**(M.O.Tourist CO., LTD. c/o Mr. Maruyama, Ms. Nakano)**

# GMP2002 HOTEL RESERVATION FORM

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## PARTICIPANT INFORMATION

First Name:

Last Name:

Title:                    Prof.            Dr.            Mr.            Ms.

Affiliation:

Address:

Zip/Postal Code:

Country:

Telephone:

Fax:

Email:

## HOTEL REQUEST

Hotel choice:	Hotel Grand Palace .....	1 <sup>st</sup> choice	2 <sup>nd</sup> choice
	Sunshine City Prince Hotel .....		
	Asaka-dai Central Hotel .....		

Room type:	Single	Double	Double (single use)	Twin	Twin (single use)	Total	room(s)
Period of stay:	Check-in		Check-out			Total	night(s)

## PAYMENT METHOD

CASH

Visa    MasterCard    American Express    Diner's Club    JCB    (            )

Cardholder's Name:

Credit Card Number:

Expiration Date:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### POLICY FOR HOTEL BOOKING

Reservation must be made by **30/JUN/2002**, and the cancellation policy is **10 days** before arrival.