

6th International Symposium on von Hippel-Lindau Disease

May 20 - 23, 2004

Kochi City Culture Plaza CUL-PORT, Kochi, Japan

APPLICATION FORM FOR HOTEL ACCOMMODATIONS

Please complete and return this form to:

JTB Corp.
International Travel Division
Convention Center (CD101923-259)
2-3-11 Higashi-Shinagawa, Shinagawa-ku,
Tokyo 140-8604 Japan

Deadline: March 31, 2004

Fax: +81-3-5495-0685

(Please type or print in block letters and check appropriate boxes.)

NAME: Prof. Dr. Mr. Ms.

Family name _____ Given name _____

ORGANIZATION: _____

ADDRESS: Office Home _____

_____ Postal code _____ Country _____

Phone: _____ Fax: _____

Name of Accompanying Person(s), if any:

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	<input type="checkbox"/> Single	Check-in _____	= JPY _____ (1) (One night room charge)
2nd choice	<input type="checkbox"/> Twin	Check-out _____ () nights	

OPTIONAL TOURS

Code	Course	Date	Fare (per person)	No of person(s)	Amount
			¥ _____	X _____ person(s)	= JPY _____
					Total: JPY _____ (2)

REMITTANCE **Grand Total:** (1) + (2) + JPY500 (handling charge) = JPY _____

Credit card: VISA MasterCard Diners Club AMEX

Card number:

Name of card holder: _____ Expiration date: _____ / _____

Authorized signature: _____

Bank transfer

I(We) have remitted the above sum of total on _____ (date) by the name of _____ (name of remitter) through _____ (name of bank) to:

Bank of Tokyo Mitsubishi, Shin-Marunouchi Branch 1-4-2 Marunouchi, Chiyoda-ku, Tokyo 100-0005 Japan
Account number: 1025740 Account name: JTB Corp. (Message: CD101923-259)

*We should appreciate your sending us a copy of the bank receipt for your remittance to avoid the possible confusion.

Date: _____ Signature: _____

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