



# XXV Bárány Society Meeting

## Hotel and Tours Application Form

**Form B**

Please send this form to:

**Deadline: February 29, 2008**

JTB Western Japan, Corp. MICE Center  
JTB Bldg. 7F, 2-1-25 Kyutaro-machi,  
Chuo-ku, Osaka 541-0056, Japan

Tel: +81-6-6260-5076 (weekdays only 9:30-17:30)  
Fax: +81-6-6263-0717  
E-mail: westec\_op3@jtb.jp

**Title:**  Prof.  Dr.  Mr.  Ms.

**Name:** \_\_\_\_\_

Family name

Given name

**Affiliation:** \_\_\_\_\_

**Mailing address:**  Office  Home

\_\_\_\_\_  
City Zip code Country

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name of accompanying person(s):**

Prof. Dr.

Prof. Dr.

Mr. Ms. \_\_\_\_\_

Mr. Ms. \_\_\_\_\_

### Hotel Accommodations

Name of Hotel	No. of rooms	Period of stay	Amount of deposit
1st choice	Twin(s)	Check in: March/April _____	¥10,000 x _____ room(s)
2nd choice	Single(s)	Check out: April _____	= ¥ _____ a)

### Tours in Kyoto

	Date	Amount
OP-1 Nijo Castle, Kimono Studio & Japanese Culture	April 1 (Tue)	@ ¥6,000 x _____ person(s) = ¥ _____
OP-2 Kinkakuji Temple, Ryoanji Garden & Lunch	April 2 (Wed)	@ ¥8,000 x _____ person(s) = ¥ _____
OP-3 Zen Meditation & Traditional District	April 3 (Thu)	@ ¥4,000 x _____ person(s) = ¥ _____
Sub total		¥ _____ b)

### Remittance

Total Amount of a) + b) = ¥ \_\_\_\_\_

Please provide us with the following credit card information to pay the above mentioned total amount.

VISA  MasterCard  American Express  Diners Club  JCB  CF

Card no. \_\_\_\_\_

Card holder's name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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