



Sixth International Symposium on Meniere's Disease and Inner Ear Disorders

Hotel and Tours Application Form

Form B

Please send this form to:

Deadline: October 15, 2010

JTB Western Japan, Corp. MICE Center
Honmachi Cross Bldg. 11F, 3-1-8 Minami-Kyuhoji-cho
Chuo-ku, Osaka 541-0058, Japan

Tel: +81-6-6252-2861 (Mon.-Fri. 9:30-17:30)
Fax: +81-6-6252-2862
E-mail: westec_op3@west.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

Unit: JPY

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

Tours in Kyoto

	Date	Amount
OP-1 Japanese Culture, Nijo Castle and Heian Shrine	Nov. 15 (Mon)	@ ¥6,000 x _____ person(s) = ¥ _____
OP-2 Kinkakuji Temple, Ryoanji Temple, Nanzenji Temple Main Gate and Kyoto Museum of Traditional Crafts	Nov. 16 (Tue)	@ ¥6,000 x _____ person(s) = ¥ _____
OP-3 Kyoto Imperial Palace, Sanjusangendo and Shopping in the Traditional District near Kiyomizu Temple	Nov. 17 (Wed)	@ ¥6,000 x _____ person(s) = ¥ _____
Sub total		¥ _____ b)

Total Amount of a) + b) = ¥ _____

Remittance

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.