

FAX : +81-6-6263-0717

Brain'07 & BrainPET'07
– Accommodation Application Form –

Registration of Basic Information

Name:	Affiliation	
Bill send to: <input type="checkbox"/> Office <input type="checkbox"/> Home Billing Address:		
Phone #	Fax #	E-mail address
Accompanying Person's Name:		

Lodging Application

First Choice Hotel:	Second Choice Hotel:
Type of room you want: <input type="checkbox"/> Single <input type="checkbox"/> Twin (Co-Occupants name)	
Nights of your stay Check in date _____ / Check out date _____ (nights)	

◆ If the above hotels are fully occupied, which of the two your priority? Check one. Room Rate Location

The full amount of accommodation fee will be charged your credit card.

Payment method

1 Credit Card (Please fill in the necessary items in the following form.)

Your Credit Card (Circle the one of the following)	Expiration Date(yr./mon.)																				
Diners MasterCard VISA AMEX JCB	/																				
Credit Card Number																					
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					

Authorized Signature

JTB Western Japan, Corp. EC(Event & Convention) Sales Dept.

Contacts: "Brain'07 & BrainPET'07 Desk"

JTB Bldg. (7F), 2-1-25, Kyutaro-Machi, Chuo-ku, Osaka, 541-0056 Japan

Phone: +81-6-6260-5076 Fax: +81-6-6263-0717

Email: westec_op7@jtb.jp Office hours: 9:30 - 17:30, Mon. thru Fri.

