Hotel Reservation Sheet

Please complete this form and send to:

PARTICIPATION:

Hotel Asyl Nara (1-58 Aburasaka-cho Nara, 630-8247 Japan) FAX +81-742-26-8159 http://worldheritage.co.jp/top.htm

The hotel will let you know whether acceptable or not after it would receive this sheet. Please send it by 2003 / 6 / 10

FD-QCD

10~12	uly 2003
□Mr□Ms. Family Name	Given Name
Address	
City	Country
E-Mail	Facsimile
I shall be accompanied by: Fan	ily Name Given Name
Check-in Date	Check-out Date Stay nights
Room type: Please mark below For one person	which room you want to stay
	e room 5,000yen (per night)
	room for single use 8,000yen (per night)
For two persons	o,000yen (per mgm)
	room 11,000 yen (per night and 2person
	, , , ,
Room charges in	lude breakfast, tax, and service fare.
Credit card: ☐ VISA ☐ M aste	r Card □Diners Club□AMEX
Card fidinger:	
Name of Card holder:	Expiration date:
Cancellation	Dapitation date
	you should directly contact Hotel Asyl as soon as possible.
The cancellation Rates are as fo	ilows:
	lays before the first night of stay 50% of the daily room charge
	lay before the first night of stay 80% of the daily room charge
The	ame day, or no notice given 100% of the daily room charge
Signature	Date
Note Access to the Conferen	ce Site: 25min.on foot, 8min. by bus

Please note that the FD-QCD reservation should be settled solely between you and the hotel. The Secretariat does not take any responsibility.