

Application Form for Hotel Accommodations “The 6th International Conference on Laser Ablation (COLA’01)”

month day 2001

To: JTB Tsuchiura Office

Fax: +81-298-24-1940 (Local: 0298-24-1940)

Secretariat use	
Re. No.	

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

Name in full of group representative			Address (<input type="checkbox"/> Business / <input type="checkbox"/> Home)		Contact person (Your secretary's name)							
Organization			Tel: e-mail									
Method of payment <input type="checkbox"/> Credit card <input type="checkbox"/> Bank transfer* <small>*Domestic participants only</small>	By credit card	Card type () Card number () Name of holder () Expiration date (/)	In case of remittance <u>Domestic participants only</u>		Details (such as bank account) will be stated on the invoice.							
	Name	Age	Sex	Hotel name and code	Room type	Roommate	Date of stay (Please encircle.)					
							Sep 30	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5
(e.g.)	Henry Tsukuba	50	M	Okura Frontier Hotel Epochal (B)	Twin	Mary Tsukuba	O	O	O	O	O	
1												
2												

Date: _____ Signature: _____

- (1) Application should be made by completing this form and sending it **by fax** to reach JTB **no later than July 31, 2001.**
- (2) Be sure to keep a copy of your application.
- (3) If application is for three or more persons, please copy this form.

Application addressed to:

JTB Tsuchiura Office

c/o “COLA’01” Desk

Persons in charge: Inanobe, Kazama, Doi

Urara 6, 9-2 Yamato-cho, Tsuchiura-shi, Ibaraki-ken 300-0036

Fax: +81-298-24-1940

e-mail address: tsuchiura_ei1@kit.jtb.co.jp