

**HOTEL APPLICATION FORM**  
**Current Status and Perspectives in Reproductive Biology and Biotechnology**  
**September 19 – 20, 2004**

Deadline: September 10, 2004

Please return this Application Form by airmail or fax.

Return this Form to: Yuko OTSUKA (Ms)  
Nippon Travel Agency Co., Ltd.,  
International Travel Division  
3rd Fl. Shimbashi Ekimae Bldg. #1, 2-20-15  
Shimbashi, Minato-ku, Tokyo 105-8606, Japan

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FAX: +81-3-3572-8768  
E-mail: yuko\_otsuka@nta.co.jp

APPLICANT:  Prof.  Dr.  Mr.  Ms.

\*Please Print

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: + \_\_\_\_\_ Fax: + \_\_\_\_\_

E-mail: \_\_\_\_\_

Accompanying Person's Name: \_\_\_\_\_

**HOTEL ACCOMMODATIONS: (Deadline: September 10, 2004)**

Choose hotel from the hotel list .	1 <sup>st</sup> Choice Hotel name:	2 <sup>nd</sup> Choice: Hotel name:
Room Type:	<input type="checkbox"/> Single <input type="checkbox"/> Twin (Sharing Person's name) : _____ )	
Check-in Date:	Check-out Date:	Number of Night(s)

**TOTAL : \_\_\_\_\_ ¥**

**On the receipt of your application, Nippon Travel Agency will send you Confirmation & Invoice with the total amount due. Hotel Reservations are confirmed when hotel charges are paid in full. Credit card payments for hotel charges will be deducted in full by Nippon Travel Agency prior to check-in date. Regular hotel charges may apply to on-site payment at the hotel.**

**PAYMENT:**

\*Payment by Credit Card:  American Express /  Visa /  MasterCard /  Diners Club

Card Number: \_\_\_\_\_

Valid thru: \_\_\_\_\_ (month)/ \_\_\_\_\_ (year) Card Holder: \_\_\_\_\_

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

\*Payment by bank transfer to:

BANK OF TOKYO-MITSUBISHI, Shimbashi Branch, Tokyo, Japan  
Account number: 4028816 Account Name : NIPPON TRAVEL AGENCY