

ISAP i-02 Application Form for Hotel Accommodations

Please print this form and send it by **facsimile or post**.

Fax: +81-3-3423-1601 c/o Inter Group Corp., Akasaka Daiichi Bldg., 4-9-17 Akasaka, Minato-ku, Tokyo 107-8486, Japan
Tel: +81-3-3479-6004 e-mail: sec-tky3@intergroup.co.jp

Deadline: October 31st, 2002

Please tick. () Speaker Paper(s) No. _____

Title: () Prof. () Dr. () Mr. () Ms.

Name: _____
Given Middle initial Family

日本語氏名 (Japanese only): _____

Department: _____

Organization (Institution): _____

Mailing Address: () Office () Home

Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Arrival Schedule: Arrive _____ by _____ at _____ on _____
Airport (Tokyo) Flight No. Time Date

Hotel Accommodations

Yokosuka Prince Hotel (1min.walk to Shioiri Station (Keihin-Kyuko))

Address: 3-27, Hon-cho, Yokosuka-shi, Kanagawa 238-0041 Japan Phone: +81-468-21-1111 / Fax: +81-468-21-1141

Room Type	Room Rate per 1night	Date of check-in (after 2:00p.m.)	Date of check-out (before 11:00a.m.)	Number of nights	Amount
[] Single	10,000JPYen				JPYen
[] Twin*	18,000JPYen				JPYen

Room rates include service charge. But not include meals and tax.

*Name(s) of person(s) sharing room: (twin room only)	
Special request for accommodations (if any)	

If you need to cancel your hotel reservation, please notify Secretariat in writing. A cancellation fee will be deducted from the sum at the following rates:

When Secretariat receives cancellation notice, At least 10 days prior to first night of scheduled stay: no charge
2-9 prior to first night of stay: 1night room charge.
One day prior to first night or no notification: full charge.

To pay hotel deposit by credit card, please complete this section.

Credit Card () VISA () Master Card () American Express

Card No.: _____ Expiration Date: _____
Month/Year

Name of Card Holder: _____

I agree to pay the above total amount according to the card-issuer agreement.

Date: _____ Signature: _____

Note (if any)