

HPSR 2002

PORTOPIA HOTEL RESERVATION FORM

Deadline: Apr.15

Please print and return this form by fax to:

PORTOPIA HOTEL

FAX: +81-78-303-5248

Today's Date _____

Name(s) Prof. Dr. Mr. Ms.

Surname

First Name

Middle Name

Professional Affiliation/Institution

Mailing Address

Phone

Fax

e-mail

Room Rates: (exclude consumption tax 5%)

JPY 11000 (Single/1p) JPY 20000 (Twin,Double/2p)

JPY 15000 (Twin/1p)

If you do NOT need breakfast, check the box.

(Room rates are reduced by JPY 2000 per person)

Room Type:

Single 1 Person

Double 2 Person

Twin

Check in/out date	Total stay
Checkin	nights
Checkout	

Special Requests: _____

Payment

American Express

Master Card

VISA

Diners

Card Number _____

Exp Date _____

Holder's Name _____

Signature

Please check here if requesting return confirmation and indicate fax #

FAX # _____

Accepted Confirmation # _____

Denied for the following reason: _____