

# FOM2000 Hotel Accommodation Form

**Coganoi Bay Hotel Fax No. : +81-6-6227-0558**

Hotel Reservation Due Date: January 15, 2000 (Please use one form per room)

\*First name: \_\_\_\_\_ \*Last name: \_\_\_\_\_

Middle initial: \_\_\_\_\_ Title:  Mr.  Dr.  Prof.  Ms.

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

\*Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Street: \_\_\_\_\_ \*City: \_\_\_\_\_

\*State/Province: \_\_\_\_\_ \*Zip/Postal Code: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Please include city and country codes along with local numbers.

Items marked with an asterisk(\*) MUST BE FILLED OUT before your order can be processed.

## Room Fee:

	Before April 1st		After April 1st	
April 9 - 13, 2000	Single	13,000yen	Single	19,300 yen
	Twin/Double	7,300yen		
	Triple	6,400yen	Twin/Double	10,900 yen
April 8 and 14, 2000	Single	19,300 yen		
	Twin/Double	10,900 yen		
	Triple	9,100 yen	Triple	9,100 yen

All rates are per room night, and are subject to 10% service charge and 5% tax (subject to change).

## Hotel Information

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Type of the Room :  Single  Twin  Double  Triple

If Sharing: I have arranged to share a room with:

Title: \_\_\_\_\_ \*First name: \_\_\_\_\_ \*Last name: \_\_\_\_\_

Title: \_\_\_\_\_ \*First name: \_\_\_\_\_ \*Last name: \_\_\_\_\_

**Payment information:** Rooms are reserved ONLY with payment.

Credit Card:  Visa  Master

Card Holder's Name: \_\_\_\_\_ Expiration Date (mm/yy): \_\_\_\_\_ / \_\_\_\_\_

Card Number (16digits):

I authorize the FOM2000 (Coganoi Bay Hotel) to charge the total payment fee indicated on this form to my credit card.

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

Do not send this form to FOM2000 Secretariat. Send to Coganoi Bay Hotel by fax (+81-6-6227-0558)