

## Inter Opto '10/Bio Opto Japan '10/LED Japan '10 Hotel Reservation Form

Please fill out this form and fax it to: +81 3 5495 0785

Inter Opto '10/Bio Opto Japan '10/LED Japan '10 JTB Desk (CD100720-557)

### 1. CONTACT INFORMATION:

**NAME:**  Mr.  Ms. \_\_\_\_\_  
(Family Name) (Given Name)

**TITLE:** \_\_\_\_\_ **COMPANY:** \_\_\_\_\_

**ADDRESS:**  Office  Home \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

### 2. HOTEL ACCOMMODATIONS:

	Name 1	Name 2 (for twin room only)	Check in / out	Number of nights	Room type
1	Mr. Ms.	Mr. Ms.	/		Single Twin
2	Mr. Ms.	Mr. Ms.	/		Single Twin
3	Mr. Ms.	Mr. Ms.	/		Single Twin
4	Mr. Ms.	Mr. Ms.	/		Single Twin
<b>Hotel</b>	1 <sup>st</sup> choice:		Remarks:		
	2 <sup>nd</sup> choice:				

### 3. PAYMENT:

I agree to pay the hotel deposit in Japanese Yen by the following credit card:

**VISA**    **MASTER**    **DINERS CLUB**    **AMEX**    **JCB**

Card Number: \_\_\_\_\_ Expiration Month/Year: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

\*Other than AMEX: final 3 digits on the reverse side of the end, / AMEX: final 4 digits on the front of the card (Upper level)

Security code: \_\_\_\_\_