

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
Hotel	1 st choice:		Remarks:		
	2 nd 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: _____