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NARA INTERNATIONAL SEMINAR HOUSE

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HOTEL AND MEAL APPLICATION FORM

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FULL NAME: Prof. Dr. Mr. Ms.

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Family name                      Given name

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FULL ADDRESS : Office. Home

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Postcode(〒 )

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Country:

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Phone:

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Fax:

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e-mail:

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PURPOSE:

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PERIOD OF STAY:

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Check in:                      Check out:

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TOTAL NUMBER OF GUESTS:

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ROOM TYPE: Western style room

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Japanese style

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Special Japanese style

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NAME OF ACCOMPANYING PERSON(S), IF ANY: Mr. Ms.

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MEALS:

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Breakfast: Japanese style    Western style

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NOTE :1 Personal checks and Credit card NOT accepted.

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2 ALL payment must be in Japanese yen.

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