
HOTEL RESERVATION FORM **Fax to: +81-3-3502-3169**

Name: _____
Email: _____
Company/Institution
Name: _____
Phone: _____
Fax: _____

DESIRED ACCOMMODATION

Hotel Name: _____
Room Type: Single occupancy
 Double occupancy , shared with _____
Check In: May _____ Check Out: May _____, No. of Nights:

CREDIT CARD INFO

Credit Card: VISA MasterCard AMEX
Cardholder's Name: _____
Card Number: _____
Expiry Date: MM _____ YY _____

**Please return form by fax to JTB at 81-3-3502-3169.
JTB will respond to your request by fax within two business days.**

[FOR JTB USE ONLY]

REPLY FORM

Your reservation is guaranteed as requested above.
 Your requested hotel is fully occupied.

We can offer you a room at the _____

JTB Tokyo Shinbashi Office
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Tokyo 105-0004 Japan
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Fax: +81-3-3502-3169
E-mail: shinbashi#9@syt.jtb.co.jp