

Delegates are kindly requested to complete this form and to send it directly to the Hotel below by e-mail or fax.

Please note that room availability is changing day by day.

In the case of no vacancies, you can not make a reservation as your request.

We would appreciate your understanding and cooperation. Thank you.

International Conference on Internet Studies / on Marketing Studies

Toshi Center Hotel – Room reservation Form

Toshi Center Hotel:2-4-1 Hirakawa-cho Chiyoda-ku Tokyo,102-0093 Japan

Tel: +81-3-3265-8211(in-direct) +81-3-5216-8801(direct)

E-mail:toshicenter.info@rihga.co.jp Fax: +81-3-3262-1705

URL: http://www.toshicenter.co.jp/e/index.html

.....< Please type or print in block letters and tick appropriate boxes >.....

Full Name: Prof. Dr. Mr. Ms.

Family name _____ First name _____ (Middle initial) _____

Affiliation: _____

Address: Office Home

Postal code _____ Country _____

Phone _____ Facsimile _____

E-mail _____

Special Room Rate for Participants

Room type(size)	No. of persons	Room rate*/person	
		With breakfast	Without breakfast
Single room(15.5sq.m)	1	<input type="checkbox"/> JPY11,124	<input type="checkbox"/> JPY10,044
Twin room (23sq.m)	1	<input type="checkbox"/> JPY15,000	<input type="checkbox"/> JPY14,000
	2	<input type="checkbox"/> JPY 8,500	<input type="checkbox"/> JPY 7,500
	3	<input type="checkbox"/> JPY 7,000	<input type="checkbox"/> JPY 6,000

*Room rate is not per room but per person. It includes tax and service charge.

Check in : 14:00 Check out : 10:00 I request a non-smoking room.

*If you need early check in or late check out, you have to pay additional charge by the time.

Arrival date: _____ Time: _____ Departure date: _____ () nights stay.

Note: When you check-in, the payment has to be done by credit card or cash in Japanese yen.

A copy of your passport is necessary,

Date: _____

Signature: _____