

HOTEL RESERVATION FORM

Please complete and return this form no later than 31st January, 2004

To: Ms. Aoi Tsuchiya

Fax: +81-3-5453-3947 or E-mail: aoi@ccsr.u-tokyo.ac.jp

NAME & E-MAIL ADDRESS –

Title: **Dr.** **Prof.** Mr. **Ms.**

(Family Name)

(First Name)

(Middle Name)

E-mail: _____

~HOTEL RESERVATION~

Please fill out in order of your preference in the boxes for your room reservation.

Also please check appropriate boxes.

These are Workshop discount rate.

Name of Hotel	Check-in	Check-out	ROOM TYPE	Breakfast
<input type="checkbox"/> Hilton Hawaiian Village	<input type="checkbox"/> February 24 <input type="checkbox"/> Other <hr/>	<input type="checkbox"/> February 28 <input type="checkbox"/> Other <hr/>	<input type="checkbox"/> Twin Room \$170 + Tax *Single Use <input type="checkbox"/> " " *Twain Use	<input type="checkbox"/> American \$20
<input type="checkbox"/> Alamoana Hotel	<input type="checkbox"/> February 24 <input type="checkbox"/> Other <hr/>	<input type="checkbox"/> February 28 <input type="checkbox"/> Other <hr/>	<input type="checkbox"/> Twin Room \$110 + Tax *Single Use <input type="checkbox"/> " " *Twain Use	<input type="checkbox"/> American \$13

Name of Accompanying Person(s), if any

Please check appropriate boxes; (Availability limited. Upon first-come, fist-served)

Non-Smoking Room