



15th World Congress for Bronchology (WCB)
 15th World Congress for Bronchoesophagology (WCBE)
 March 30 - April 2, 2008 • Keio Plaza Hotel, Tokyo, Japan

Application Form for Hotel Accommodation

Please complete and return this form to:

JTB Global Marketing & Travel Inc.
 Convention Center (CD 100720-407)
 2-3-11 Higashi-Shinagawa, Shinagawa-ku, Tokyo 140-8604 Japan

Deadline: March 2, 2008

Fax: +81-3-5495-0685

(Please type or print in block letters and check appropriate boxes.)

NAME: Prof. Dr. Mr. Ms.

 (Family Name) (Given Name)

ORGANIZATION: _____

ADDRESS: Office Home _____

 Postal Code _____ County _____

Phone: _____ Fax: _____ E-mail: _____

Name of Accompanying Person(s), if any:

Mr. Ms.

 (Family Name) (Given Name)

Flight Schedule: Arriving at _____ (airport) on _____ (date) by _____ (flight number)

HOTEL ACCOMMODATION

Hotel name	Room type	Period of stay	Amount of deposit
1st choice	<input type="checkbox"/> Single <input type="checkbox"/> Twin	Check-in _____	= JPY _____ (One night room charge) (1)
2nd choice		Check-out _____ () nights	

REMITTANCE: Grand Total: (1) + JPY525 (handling charge) = JPY _____

Credit Card: VISA MasterCard Diners Club AMEX JCB

Card Number:

Name of cardholder: _____ Expiration date: _____ / _____

Authorized signature: _____

Bank Transfer

I (We) have remitted the above sum of total on _____ (date) in the name of _____ (name of remitter) through _____ (name of bank) to:

The Bank of Tokyo-Mitsubishi UFJ, Ltd., Shin-Marunouchi Branch (swift code: BOTKJPJT)

1-4-2 Marunouchi, Chiyoda-ku, Tokyo, 100-0005 Japan

Account number: 4760343 Account name: JTB Global Marketing & Travel Inc. (Message: CD 100720-407)

*We would appreciate your sending us a copy of the bank receipt for your remittance to avoid possible confusion.

Date: _____ Signature: _____

(This application will become valid upon receipt of confirmation from JTB GMT.)