

INTERNATIONAL SOCIETY FOR MAGNETIC RESONANCE IN MEDICINE Twelfth Scientific Meeting and Exhibition 15-21 May 2004
HOTEL AND TOUR APPLICATION FORM

Please complete and return this form to:

Deadline: 15 April 2004

JTB Kyoto Office
 Higashi-shiokoji-cho,
 Shimogyo-ku, Kyoto
 600-8216, Japan
 Phone: +81-75-361-7241 Fax: +81-75-341-1028 E-mail: kyoto_ei3b@kns.jtb.co.jp

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

FULL NAME: Prof. Dr. Mr. Ms.

Family Name: _____ Given Name: _____

ORGANIZATION: _____

FULL ADDRESS: Office Home _____

Postcode: _____ Country: _____

Phone: + _____ Fax: + _____ E-mail: _____

Name of Accompanying Person(s), if any: Mr. Ms.

Family Name _____ Given Name _____

HOTEL ACCOMMODATIONS

Hotel	No. of Room(s)	Period of Stay	Amount of Deposit
1st Choice	_____ Twin(s)	Check-in _____ May	¥10,000 x _____ rooms(s)
2nd Choice	_____ Single(s)	Check-out _____ May	= ¥ _____ (1)

PRE & POST TOURS

Tour	Date	Fare	Number	Single Extra	Amount
PRE	May 12 – May 14	¥82,600	_____ Person(s)	+ ¥14,300	= ¥ _____
POST	May 22 – May 24	¥135,000	_____ Person(s)	+ ¥4,900	= ¥ _____
					Total: ¥ _____ (2)

REMITTANCE

GRAND TOTAL: (1) + (2) = ¥ _____

Bank Transfer

I(We) have remitted the above sum of total on _____ (date) by the name of

_____ (name of remitter)

through _____ (name of bank)

to Mizuho Bank Kyoto Branch; Account number: 290030; Account name: JTB Kyoto Office

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

Enclosed: Bank check payable to the order to the JTB Kyoto Office

Credit Card: AMEX VISA MasterCard Diners Club

Card Number: _____

Name of Card Holder: _____ Expiration Date: _____

Authorized Signature: _____

Notes: 1. Personal checks are NOT accepted.
 2. All payment must be in Japanese Yen.

Date: _____ Signature: _____

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