

The 42nd Annual Meeting of the Japan Shoulder Society

October 9-10, 2015

Sendai International Center, Sendai, Japan

APPLICATION FORM FOR HOTEL RESERVATIONS

Please complete and return this form to:

JTB Business Network Inc. JTB TOHOKU EC desk
3-23-14 7F Higashi-Ikebukuro, Toshima-ku, Tokyo
170-0013 Japan

E-mail:tohoku-ec2@jbn.jtb.jp

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

NAME: Prof. Dr. Mr. Ms.

Family name _____ Middle name _____ Given name _____

ORGANIZATION: _____

ADDRESS: Office Home _____

Postal code _____ Country _____

Phone: _____ Fax: _____ E-mail: _____

Name of Accompanying Person(s), if any (please inform us of all the names who share the room):

Mr. Ms. Family name _____ Given name _____

Mr. Ms. Family name _____ Given name _____

Mr. Ms. Family name _____ Given name _____

Mr. Ms. Family name _____ Given name _____

HOTEL ACCOMMODATIONS

Hotel name	Number of person to stay	Period of stay	Amount of deposit
	<input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three <input type="checkbox"/> ___persons	Check-in _____	¥ _____ (per person, per night) X ___ person(s) X ___ night(s) = ¥ _____
Room type		Check-out _____	
		() nights	