

Company:			
Dept:			
Tel:		Fax:	
Add:	〒 -	E-mai:	

※In use of a twin, please give me entry of a roommate.

※In non-smoking hope, it may become deodorization correspondence.

※When there is much number, I copy and please give me entry.

★Roomtype Single:S / Twin:T ★

Hotel Request:	NAME (Family Name/Given Name)	M/F	Request Smoking · NonSmoking	Accommodation Date		Accommodation Date		Accommodation Date		Accommodation Date		Accommodation Date	
				03Sep(Mon)	breakfast	04Sep(Tue)	breakfast	05Sep(Wed)	breakfast	06Sep(Thu)	breakfast	07Sep(Fri)	breakfast
1	NAME (Family Name/Given Name)	M · F	Smoking · NonSmoking	S · T		S · T		S · T		S · T		S · T	
2	NAME (Family Name/Given Name)	M · F	Smoking · NonSmoking	S · T		S · T		S · T		S · T		S · T	
3	NAME (Family Name/Given Name)	M · F	Smoking · NonSmoking	S · T		S · T		S · T		S · T		S · T	
4	NAME (Family Name/Given Name)	M · F	Smoking · NonSmoking	S · T		S · T		S · T		S · T		S · T	
5	NAME (Family Name/Given Name)	M · F	Smoking · NonSmoking	S · T		S · T		S · T		S · T		S · T	
6	NAME (Family Name/Given Name)	M · F	Smoking · NonSmoking	S · T		S · T		S · T		S · T		S · T	
7	NAME (Family Name/Given Name)	M · F	Smoking · NonSmoking	S · T		S · T		S · T		S · T		S · T	
8	NAME (Family Name/Given Name)	M · F	Smoking · NonSmoking	S · T		S · T		S · T		S · T		S · T	

Notes:	
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★Use of a parking lot :	→In the case of yes,The number of use :
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※Please give me entry for parking lot reservation.

★Credit card :	★Card number :
★expiration date (mm/yy) : /	※Please be sure to fill in payment in cash. (It is the stay guarantee for local payment.)

★NISSIN TRAVEL SERVICE CO.,LTD.

32-2, Honcho 1-chome, Nakano-ku, Tokyo 164-0012 Japan
 TEL: +81-3-5358-1681 (9:30am-6:15pm/Mon. to Fri.)
 FAX: +81-3-5358-1690

※If there are any questions, please ask a person in charge.
 ATTN: OKAMOTO·OGASAWARA Business Development Dept.
 E-mai:jasis@nissin-trvl.co.jp