

ADEOS- GLI Workshop
REGISTRATION FORM

TO : PRIME INTERNATIONAL CO., LTD.

Ms. Sekiguchi or Ms. Yamada

E-mail : gli@prime-intl.co.jp

Fax : +81-3-5467-5538

Please send this form not later than October 20 ,2001

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

Full Name : Dr. Prof. Mr. Ms.

(Family name)

(Given name)

(Middle)

Country : _____ Nationality : _____

Organization : _____

Section : _____ Title : _____

Address : Street _____ City _____
State _____ Postal Code _____ Country _____

Phone : _____ Fax : _____

E-mail : _____

Questionnaire

I will participate in Workshop

-Reception-

I will participate in the welcome reception on Nov. 14th. (¥3,000.-/person)

- Food Preference -

Vegetarian Meal Other _____

ADEOS- GLI Workshop
APPLICATION FOR HOTEL ACCOMMODATION

TO : PRIME INTERNATIONAL CO., LTD.

Ms. Sekiguchi or Ms. Yamada

E-mail : gli@prime-intl.co.jp

Fax : +81-3-5467-5538

NAME & ADDRESS -

Title : Prof. Dr. Mr. Ms.

 (Family Name) (Given Name) (Middle Name)

Address: Street _____ City _____

State _____ Postal Code _____ Country _____

Phone: _____ Fax : _____

E-mail: _____

- HOTEL ACCOMMODATION -

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

Also please check appropriate boxes. (Room type)

Check Box	Name of Hotel	CHECK – IN	CHECK – OUT	ROOM TYPE & RATE (per night) (Incl. Service Charge)
	Harumi Grand Hotel 3-8-1, Harumi, Chuo-ku, Tokyo *5 min. to the venue			Single room (¥9,975.-) *Incl. tax/service charge/breakfast
	Hotel Urashima 2-5-23, Harumi, Chuo-ku, Tokyo *1 min. to the venue			Single room (¥6,825.-) *Incl. tax/service charge/breakfast

Name of Accompanying Person(s), if any _____

Please check appropriate boxes;

Non-Smoking Room Other _____

- CREDIT CARD INFORMATION -

Credit card authorization Visa Master Card AMEX Other _____

Account No.: _____ Expiration Date : _____

Holder's Name : _____

*All reservation must be cancelled 3days before the 1st night.