**HOTEL Reservation Form**

Deadline: 29 /May/2018

**Please fill the form and send it to the12CJWC/2CJVWC Office.**

**Email:** **cjvwc\*gifu-u.ac.jp**

**[Please replace \* with @]**

**TEL/FAX: +81-58-293-2400**

**(This Reservation Form is for BEST WESTERN HOTEL TAKAYAMA,**

**WASHINGTON HOTEL PLAZA TAKAYAMA )**

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| **PARTICIPANT INFORMATION (国内参加者は、日本語でお願いします)** |
| Title (敬称) |  |
| First Name(姓・フリガナ) |  | Last Name (family name)(名・フリガナ) |  |
| Organization (所属名) |  |
| Address (所属住所) |  |
| City (市) |  | Zip/Postal Code (郵便番号) |  |
| Country (国) |  | E-mail |  |
| Phone/ Mobile (電話番号) |  | Fax |  |
| Accompanying person (please give his/her full name) (同伴者の氏名) |  |
| ***Requirements*** |
| Disabled person (please state special needs) Special diet (please state requirements)Or others （in some cases, we cannot respond to your request.） |  |
| **Select Your Hotel ・Room Type (ホテル名・部屋の種類)** |  |
| **Date of Check-in (チェックイン日):** | **Date of Check out (チェックアウト日):** |

|  |  |
| --- | --- |
| Hotel Booking Deadline: 29/May/2018 |  |
|  |  |
| Hotel Name | Room Type | Room Rate in JPY\*One night per room, including breakfast, service charge & tax | 4 July. (Wed ) | 5 July. ( Thu ) | 6 July. (Fri) |
| **BEST WESTERN HOTEL TAKAYAMA** **(**ベストウェスタンホテル高山**)** http://www.bestwestern.co.jp/takayama/  | Double(Single Use) | 9,936 | Full | Full | Full |
| Double | 16,848 | Full | Full | Full |
| Twin(Single Use) | 15,336 | ○ | ○ | ○ |
| Twin | 19,224 | ○ | ○ | ○ |
| **WASHINGTON HOTEL PLAZA TAKAYAMA** **(**飛騨高山ワシントンホテルプラザ)http://washington.jp/takayama/ | Single | 8,080 | ○ | ○ | ○ |
| Twin | 14,160 | ○ | ○ | ○ |

Note:

1. All customers are required to pay your hotel charges at the hotel where you stay.
2. Upon cancellation of a reservation, the customer will be charged a certain percentage of the total price of accommodation (cancellation charge). So please let us know your cancellation three days before the intended check-in day.