

# IWSEC2014

## Hotel Reservation Form

### Best Western Hotel Newcity Hirosaki

Please send this form by fax or email attachment to:

Best Western Hotel Newcity Hirosaki

Email: hirosaki@bestwestern.co.jp

Fax: 81-172-37-1610

Name  Ms      First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Family Name \_\_\_\_\_  
 Mr.  
 Dr.  
 Prof.

Institute/Organization \_\_\_\_\_

Mailing Address  
 office  
 home \_\_\_\_\_

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

<b>Date of Check In:</b>	_____
<b>Date of Check Out:</b>	_____
<b>Number of Nights:</b>	_____
<b>Number of Persons:</b>	_____
<b>Smoking or No-smoking</b>	<input type="checkbox"/> Smoking room <input type="checkbox"/> No-smoking room

**Please check the type of room you wish to reserve**

Type of Room	Rate per night
<input type="checkbox"/> Single room (17 sq.m)	JPY8,316
<input type="checkbox"/> Double room (22 sq.m) (Single Use)	JPY10,476
<input type="checkbox"/> Twin room (22 sq.m) (Single Use)	JPY10,476
<input type="checkbox"/> Twin room (22 sq.m) (Twin Use -- for two persons)	JPY15,120

**All rates include tax, service charge and breakfast.**

**Cancellation: In the event this reservation is cancelled, the following cancellation fee will be charged to your credit card. One day before the night of stay - 20%, on the day of the night of stay -- 80%, No-show -- 100%**

Credit Card Information

VISA     MasterCard     Diners Club     American Express     JCB

Card No 

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Expiry date \_\_\_\_\_ / \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Signature \_\_\_\_\_