1999 VLSI Symposia HOTEL RESERVATION FORM

Deadline: May 10, 1999

10: NIPPON EAPKESS Fax: +61-3-39	983-0109 / E-IIIaII: K I 100	170@mity.ne.jp	
1. FULL NAME (Please type or write	in block capitals)		
Prof. Dr. Mr. Ms.			
	(Family)	(First)	(Middle)
Affiliation:			
2. MAILING ADDRESS: Office	Home		
Postal code:	Country:		
Phone: Fax:		E-mail:	
3. ACCOMPANYING PERSONS(S),	if any:		
	ii any <u>.</u>		_
4. ARRIVAL SCHEDULE:			
Arrive at on (airport)	(date)	(flight number)	_
•	(dute)	(Ingile number)	
5. HOTEL ACCOMMODATIONS Hotel Name	Number of Room(s)	Period of stay	Amount of Deposit
RIHGA ROYAL HOTEL KYOTO	rumoer or Room(s)	Teriod of stay	7 mount of Deposit
Twin (Single use) ¥ 12,000 Twin (Twin use) ¥ 18,000			
NEW MIYAKO HOTEL	Single	Check in:	¥10,000 × ^r 1 rooms
Twin (Single use) ¥ 10,450			
Twin (Twin use) ¥ 11,000	Twin	Check out:	
HOTEL NEW HANKYU KYOTO			mom . v
Single ¥ 9,350	person(s) sharing room	Total nights	TOTAL:
Twin (Twin use) ¥ 9,900		S	
KYOTO TOWER HOTEL			
Single ¥ 7,300			
Twin (Twin use) ¥ 12,700]		
6. REMITTANCE Credit Card (Japanese yen only): AMI	EX VISA Master C	ard Diners Club	
Card Number :			
Name of Card Holder :			
Expiration Date :			
Date: Signat	ure of Card Holde <u>r:</u>		
Bank draft enclosed (Note: No personal ch Bank transfer being sent	ecks will be accepted)		

THIS RESERVATION WILL BECOME VALID UPON RECEIPT OF CONFIRMATION FROM NIPPON EXPRESS.