

Application Form for Optional Tour

**** Please fill out and fax or e-mail back this sheet before April 20, 2009 for the following fax number or email address.**

FAX NUMBER : +81-3-5339-0640 Email: wfno@streamlines.jp

YOUR NAME

Your Name
Dr. / Mr. / Ms.
Your fax # or email address:

* one person each application form please

YOUR INFORMATION

Registration Number:

*When you are a registrant, please fill in the above

Name of the registrant you accompany:

*When you are the accompanied person with registrant, please inform his/her name in the above

YOUR STAYING HOTEL NAME

OPTIONAL TOUR

**** Please circle one of the Tour Codes A or B.**

A	B
(¥12,000)	(¥13,000)

PAYMENT

**** Please kindly settle the payment of the tour fee in advance.**

Payment by credit card (VISA, Master, AMEX) is acceptable.

Credit Card	<input type="checkbox"/> VISA <input type="checkbox"/> Master <input type="checkbox"/> AMEX
Card Number	— — —
Expiration Date	(Month) / (Year)
Total Tour Fee	¥

Signature: _____

Date: / /

TOUR CONDITIONS

Notice; Only registrants to the Quadrennial Meeting and his/her accompanied persons can apply to the tour.

Tour Cancellation charges are as follows;

notice of cancellation is 8 days prior to the tour date	no charge
notice of cancellation is 7-2 days prior to the tour date	50%
notice of cancellation is one day prior to the tour date, or prior to the assembly time	80%
cancellation after the departure or without notice	100%