

Oxfam Trailwalker Japan 2010 Hotel Reservation Form

Please fill out this form and send it to:

Oxfam Trailwalker Japan 2010 Desk

Fax: +81 3 5495 0785

Due Date: April 2, 2010

1. CONTACT INFORMATION:

NAME: Mr. Ms. _____
(Family Name) (Given Name)

TITLE: _____

COMPANY: _____

ADDRESS: Office Home _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____ e-mail: _____

2. HOTEL ACCOMMODATIONS: Handling charge of JPY300 per room will be charged.

	Family name	Given name	Check-in / out Number of nights
1	Mr Ms		- () nights
2	Mr Ms		- () nights
3	Mr Ms		- () nights
4	Mr Ms		- () nights
5	Mr Ms		- () nights
Your Request Hotel Name			
1st choice		2nd choice	

3. PAYMENT:

I agree to pay the hotel deposit in Japanese Yen by the following credit card:

VISA MASTER DINERS CLUB AMEX JCB

Card Number: _____ Expiration Month/Year: ____/____

Name on Card: _____

Authorized signature: _____