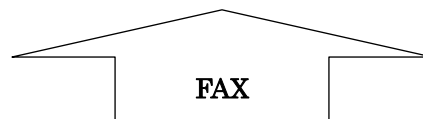


**The 45th Annual Meeting of  
Japanese Society of Pediatric Surgeons participants.**

**< Reservation Form >**



**F A X : +81-48-649-0746**

(Mr.Hosokawa / Ms. Sasou)

Reg. No. (JTB)				
Registrant				
Affiliation				
Mailing Address <input type="checkbox"/> Office <input type="checkbox"/> Residence	Street:			
	City:			
	Zip Code / Country :			
Please select your preferred mailing address	Tel		Fax	
	Email			

	Name	Age	Sex	Night's Accommodation				Hotel Preference (Insert Hotel Code)		Accompanying Person
				5/27 (Tue)	5/28 (Wed)	5/29 (Thu)	5/30 (Fri)	1st Choice	2nd Choice	
Eg.	John Smith	40	Ⓜ F	○	○	○	○	CS	DS	Mr. / Ms.
1			M F							Mr. / Ms.
2			M F							Mr. / Ms.
3			M F							Mr. / Ms.
4			M F							Mr. / Ms.
5			M F							Mr. / Ms.

1. Please fill out all areas in block letters and send the form to ensure accurate registration by FAX or E-mail.  
Your reservation confirmation will be sent to you either by fax or e-mail after receiving your reservation form.
2. As some hotels may have limited availability please indicate preferences for two hotels.
3. To change or cancel registrations please contact us by email, fax.  
Changes and cancellations will not be accepted over the phone.
4. For those wishing to stay in Twin Share accommodation, please write the name of the person you wish to share with.

<p>【Notes】 (Office use only)</p>	J T B Reply
	<p>(            ) Confirmed</p> <p>(            ) Not confirmed</p>

※If space provided on the form is insufficient please copy it and submit multiple forms.