

Dynamical Aspects of Complex Systems
from Cells to Brain

FORM
B

November 29-December 1, 2000, Sendai International Center Sendai, Japan

Secretariat use only

ACCOMMODATION RESERVATION FORM

Reg.No _____
Date Rcvd. _____

Deadline : October 4, 2000

Please type or print Legibly.

Name: Mr./Ms. _____
Last(Family) Name First(Given) Middle Name

University/Company: _____

Div/Dept: _____

Mailing Address: office/home _____

City Zip Country

E- mail: _____

Phone: +() Fax: +()
country code country code

Accommodation Reservation

Hotel No. First Choice: _____ Second Choice: _____ Third Choice: _____
Room Type: single twin(sharing a room with: _____)
Check-in Date: _____ Check-out Date: _____ Nights: _____

Name(s) of Accompanying Person(s):

Last(Family) Name First(Given) Middle Name (Male / Female)
(Male / Female)
(Male / Female)

= PAYMENT =
*Accommodation charges should be paid to the hotel when checking out.
*If you want to change or cancel the reservation, please contact TCS as soon as possible.
*If you don't arrive at the hotel by 21:00 **without notice**, do you agree to pay the total room charge of the reserved nights for room guarantee by credit card?
Yes (VSA MasterCard Diners)
Card Number: _____ Expiration Date: _____
Name of Card Holder: _____ Signature: _____
No (Your reservation is automatically cancelled, if you don't arrive at the hotel by 21:00 pm, without contact. An account for the hotel room charge of the reserved nights will be sent by mail.)

Return this form
by FAX : +81-22-262-5002
by POSTAL MAIL : Tohoku Communications Inc.(TCS)
Kotsukosha Bldg 3F,3-6-8Chuo Aoba-ku , Sendai 980-0021,Japan
If you want to change or cancel the reservation, please contact TCS as soon as possible.