



To: Group Reservation

Grand Prince Hotel Akasaka

Impact Leadership Symposium Room Reservation Form

<Expiration Date: October 19th to October 22nd, 2008>

Family Name: Ms. Mr. (please indicate)	
First Name:	
Street or P.O. Box No.:	Zip Code and city:
Country:	Nationality:
Telephone No. with all prefixes:	Fax No. with all prefixes:
Email Address:	Passport No.:

Arrival: Date of Check-in:	Departure: Date of Check-out:
Arrival Flight:	Departure Flight:

Check-in Time : 2:00 P.M. Check-out Time : 3:00P.M.(Ordinarily 12:00 at noon)

Rate: Breakfast included plan (including service charge (10%) and excluding taxes)

Twin Room (with two single beds)/ Double Room (with king size bed) SINGLE USE: ¥23,000

Twin Room (with two single beds)/ Double Room (with king size bed) TWIN USE: ¥28,000

Date: _____ Signature: _____

PLEASE NOTE:

1. Please pay the all charges in the cash or the credit card by yourself on the check-out.
2. This hotel reservation form for the **Grand Prince Hotel Akasaka** should be submitted by fax or by email **not later than October 15th, 2008** to the attention of Group Reservation.

FAX NUMBER: 81-3-3238-9005

E-MAIL ADDRESS: aka-grprsv@princehotels.co.jp