

Accomodations & Excursions Application Form

Please type or print in block letters and check appropriate boxes.

Name _____
Surname First Name Middle Name

Kiwanis Club of _____ District / Nation _____ Division _____

Address: _____

Tel. No. _____ Fax No. _____ Mobile _____

E-mail _____

Name of Accompanying Person(s), if any: Mr. Ms. _____
(Surname) (First Name)

Arrival Schedule: Flight No. _____ (I will arrival at _____ airport or _____)

●HOTEL ACCOMODATION (Breakfast is included.)

Hotel Name	Room Type	Period of Stay	Amount of Hotel Cost
1st choice	<input type="checkbox"/> Single <input type="checkbox"/> Twin for single use <input type="checkbox"/> Twin	Check-in date	_____ yen × 1 room × () nights =
2nd choice		Check-out date	Total: _____ yen(A)

●EXCURSION

Course	Date	Fee
① Half day tour to Kumano Brush Production Studio and Yamato Museum Tour	March, 8 or 9	8,500yen × person
② Half day tour of Hiroshima Peace Memorial Museum, A-bombed Buildings and Trees	March, 8 or 9	2,000yen × person
③ One day Tour Itsukushima Shrine (Lunch Included)	March, 8 or 9	14,500yen × person
④ Half Day Tour to Experiencing Ueda Soko Tradition of Japanese Tea Ceremony and Garden Strolling	March, 8 or 9	7,000yen × person
⑤ Half day Tour to Mazda Plant and museum Tour	March, 8	6,000yen × person

*As regards course except ⑤, please circle the date when you desire. Total: _____ yen (C)

●Mode of Payment

Bank transfer

I (We) have remitted the above sum of total on _____ (date) by the name of _____ (name of remitter) through _____ (name of bank) to

Any fee arising from remittance shall be paid by the customers themselves.

Name of Beneficiary:	Nippon Express Co.,Ltd. Hiroshima Travel Branch
Bank Name:	THE HIROSHIMA BANK, LTD.
Branch:	HIROSHIMA OFFICE
Address:	1-3-8, Kamiya-cho, Naka-ku, Hiroshima, Japan
Account Number:	2610281
Swift Code:	HIROJPJT

*We should appreciate your sending as a copy of bank receipt for your remittance to avoid possible confusion.

Credit Card (accepted for overseas participants Only)

VISA Master Card Diners Card AMEX Card

Card Number: _____ Name of Cardholder: _____

Authorized signature: _____ Expiration date (month/year) _____ / _____

(This application will become valid upon receipt of confirmation from NIPPON EXPRESS CO.,LTD.)

Kindly e-mail or fax the Hotel Application Form and copy of bank transfer receipt to:

Nippon Express Co.,Ltd. Hiroshima Travel Branch

TEL: +81-82-242-2211

FAX: +81-82-242-0520

E-mail: kea-mori@nitsu.co.jp