

# HOTEL RESERVATION FORM

( For CICLEing 2011 )

## Hotel Villa Fontaine KUDANSHITA

Please send the completed Hotel Reservation Form directly to the hotel by fax or e-mail.

Hotel : E-mail: [kudan@villa-fontaine.co.jp](mailto:kudan@villa-fontaine.co.jp) or Fax: +81-3-3222-8868

Mr.  Ms.

Given Name \_\_\_\_\_ Surname \_\_\_\_\_ Nationality \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail address \_\_\_\_\_

Please select:

Smoking  Non-Smoking

occupancy	Room Rate (per night)	
<input type="checkbox"/> single use	JP 9,000 for 1 guest	All of our rooms cover an area of about 16 square meters, including one 140cm wide double bed and a bathroom.
<input type="checkbox"/> double use	JP 11,000 for 2 guests	All of our rooms cover an area of about 16 square meters, including one 140cm wide double bed and a bathroom.

- All room rates are per night, inclusive of breakfast (served 7:00am-9:30am), service charge and applicable taxes.
- Room charges must be paid when you check in.
- Only Japanese yen is accepted for cash payment. Credit cards are welcome.
- Check-in time : 15:00
- Early check-in with additional early check-in charge: 12:00 or later.  
This charge is JPY 1,050 ( per hour ) for single occupancy and JPY 1,575 for double occupancy ( per hour ) .
- Check-out time : 11:00
- Cancellation must be notified and verified at least two days before your check-in date.  
Otherwise, the following cancellation fees will be charged to your credit card.  
A ) 50% of room charge for 1<sup>st</sup> night if the cancellation was made the day before your check-in date.  
B ) 80% of room charge for 1<sup>st</sup> night if the cancellation was made on your check-in date.  
C ) 100% of room charge for 1<sup>st</sup> night in case of no-show (non-arrival).
- Your reservation and check-in information may be shared with CICLEing 2011 organizers for the purpose of the conference operation.

check-in date	_____ / February / 2011	check-out date	_____ / February / 2011
total	_____ nights	arrival time	_____ : _____
credit card type	_____	expiration date (mm/yy)	_____ / 20 _____
credit card number	_____	cardholder name	_____
cardholder's phone number	_____	_____	_____

### Hotel Information

Hotel Villa Fontaine KUDANSHITA  
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