## IFIP/IEEE Network Operations and Management Symposium April 19-23, 2010

### GRAND CUBE OSAKA (Osaka International Convention Center ), Osaka , Japan

#### **OFFICIAL TRAVEL AGENT**

JTB Global Marketing & Travel Inc. (JTB GMT) has been appointed as the official travel agent for the Symposium and will handle hotel accommodation and tours describing below.

JTB Global Marketing & Travel Inc.

Convention Center (CD263346-009) Fax: +81-3-5495-0685 2-3-11 Higashi-Shinagawa, Shinagawa-ku, Phone: +81-3-5796-5445 Tokyo 140-8604 Japan E-mail: NOMS2010@jtb.jp

#### HOTEL ACCOMMODATION

NOMS2010 Organizing Committee has blocked rooms at hotels in Osaka for the Symposium period. Reservations will be processed in order of receipt of application form attached below.

Room Rates Address Hotel Name No. Phone Single Twin (Check-in & out time) Access to the nearest station with bath with bath West Wing 5-3-68 Nakanoshima Kita-ku Osaka 530-0005 +81-6-6448-1121 Rihga Royal Hotel 1 10 min. by shuttle bus from JR Osaka sta. JPY23,244 JPY11,550 (14:00 / 12:00) (every 6 min. between 7:45-22:15) 6-2-27 Nakanoshima, Kita-ku, Osaka Hotel NCB 530-6691 2 JPY6,500 JPY11,200 +81-6-6443-2255

7 min. on foot from Subway Awaza Station

Room rates include service charge and a 5% consumption tax.

(16:00 / 10:00)

- Room rates include no meals.
- \* indicates single occupancy of a twin or double room.

#### **APPLICATION AND PAYMENT**

Participants wishing to reserve hotel accommodation and tours should apply by fax with filled form to reach JTB GMT <u>no later than March 31, 2010.</u> (Confirmation sheet will be sent by JTB GMT.)

Application should be accompanied by a remittance covering the hotel deposit (<u>one night room charge</u>) and total tour fare due to JTB GMT. (The hotel deposit will be credited to your bill. All hotel expenses deducted from the hotel deposit should be paid directly to the hotel.)

No reservation will be confirmed in the absence of this payment. All payment must be in Japanese yen. If the remitter's name is different from the participant's name or the remittance covers more than one person, please inform us of the name of each participant.

Payment should be in the form of either one of the following:

- One of the following credit cards:
  - 1. VISA 2. MasterCard 3. Diners Club 4. AMEX 5. JCB
- A bank transfer to JTB Global Marketing & Travel Inc. (Message: CD263346-009)

Account at The Bank of Tokyo-Mitsubishi UFJ, Ltd. Shin-Marunouchi Branch (swift code: BOTKJPJT)

1-1-1 Otemachi, Chiyoda-ku, Tokyo 100-8114 Japan (Account number: 4760343)

#### **CANCELLATION**

In the event of cancellation, written notification should be sent to JTB GMT. The following cancellation fees will be deducted before any refund is made, in addition to the handling charge.

Hotels:	Up to 10 days before the first night of stay	None
	9 to 2 days before	20% of daily room charge
	1 day before	80% of daily room charge
	On the day of arrival or no notice given	100% of daily room charge

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## APPLICATION FORM FOR HOTEL ACCOMMODATION

Please complete and return this fo JTB Global Marketing & Convention Center (CD2	Travel Inc. :63346-009)	Deadline: March 31, 2010		
2-3-11 Higashi-Shinagawa, Shinagawa-ku, Tokyo 140-8604 Japan		Fax: +81-3-5495-0685		
(Please type or print in block letter	s and check approp	riate boxes.)		
<b>NAME:</b> □ Prof. □ Dr. □ Mr. □ Ms.				
Family name		Given name		
ORGANIZATION:				
ADDRESS: □Office □Home				
	Postal code	Country		
Phone:	Fax:			
Name of Accompanying Person(s)				
	•	Given name		
Flight Schedule: Arriving at	(airport) o	n (date) by	(flight number)	
HOTEL ACCOMMODATION				
Hotel name	Room type	Period of stay	Amount of deposit	
1st choice	По: .	Check-in		
	□ Single			
2nd choice	□ Twin	Check-out	= JPY(1) (One night room charge)	
		( ) nights		
REMITTANCE				
☐ Credit card: ☐ VISA ☐ MasterC	ard □ Diners Club	□AMEX □ JCB		
Card number:				
Security code*:			<u> </u>	
*Other than AMEX: final 3 digits or Name of cardholder: Authorized signature:		Expiration date:_	/	
☐ Bank transfer				
I(We) have remitted the above sum of total on(date) in the name of				
			(name of remitter) through	
			(name of bank) to:	
The Bank of Tokyo-Mitsubishi UFJ Lt Account number: 4760343 Account			yoda-ku, Tokyo 100-8114 Japan	
*We would appreciate your sending	g us a copy of the bank re	eceipt for your remittance to ave	oid possible confusion.	
Date:(This application	Signature:_	receipt of confirmation for	ITP CMT \	