

FAX TO : -81-78-857-7001 or E-MAIL : ib@Sheraton-kobe.co.jp

Reservation Sheet

Reference: **IB Asia Pacific Regional Workshops at Canadian Academy**

I hereby authorise **KOBE BAY SHERATON** to debit my credit my card should I cancel room reservation (Sum as per agreed in the *Cancellation Policy*)

Guest Name :		Arrival Date:	
Room-Mate :		Departure Date:	
E-mail Address:		Room Type:	
Tel Number:		FAX Number:	

**The displayed totals are estimates only and do not include any additional changes that may be incurred at the hotel.

The actual total will be calculated by the hotel in its local currency ,based on the local taxes and currency exchange rate (if applicable) in effect at the time charging occurs.

Cardholder's name:		Type:	<input type="checkbox"/> American Express
Card Number:			<input type="checkbox"/> Master Card
Expiry Date:	(month) (year)		<input type="checkbox"/> Visa
Signature:			<input type="checkbox"/> JCB
			<input type="checkbox"/> Diners Club
			<input type="checkbox"/> UFJ Card
			<input type="checkbox"/> Saison

Type	Oct.6	Oct.7	Oct.8	Oct.9	Oct.10	Oct.11
Single	¥19,000	¥19,000	¥19,000	¥19,000	¥19,000	¥19,000
Twn Use	¥25,500	¥25,500	¥25,500	¥25,500	¥25,500	¥25,500

*Please enter the number of rooms in a stay request date.

*Inclusive of Breakfast buffet & 10% service charge, Exclusive of 5% tax .

Cancellation Policy

From time of reservation until 72 hours prior to check-in, cancellations from the rooming list will attract a one-night cancellation charge and then cancellations within 72 hours would attract full length of stay.

(These fees would be automatically charged to the credit card which you provide to the hotel at time of booking. Please note that, in providing this card, you agree to the terms above.)

Full Name as in passport _____

passport number: _____

Citizenship: _____

Flight Number: _____

(Arrive)

(Depart)