

The 20th Annual Meeting of the Japanese Association of Cardiovascular Intervention and Therapeutics (CVIT2011).

JTB Western Japan Corp. (JTB) has been appointed as an official travel agent for the Conference and will handle hotel accommodations.

■How to book the hotel

1. [Online site](#)

2. Reservations will be processed in order of receipt of application form.

Hotel Accommodation in Osaka

*Rates are valid for the stay from 20 July 2011 to 23 July 2011.

*The hotel rates are per person, per night, including service charge and consumption tax with break fast.

*No Tour Leaders will be receiving the guests. All guests are required to make own arrangements to the hotel for check in.

*Minimum number of person for booking will be 1 person.

*The deadline for reservation is **23:59 of 1 July, 2011, Japan Standard Time (GMT+9)**

| N O | Hotel Name | Room Type & Room Rate (JPY) | | | To Venue |
|--------|-------------------------------------|-----------------------------|--------------------------|-------------------------|---------------|
| | | Single room | Twin room (2 person) | Twin room (1 person) | |
| 1 | Rihga Royal Hotel (WEST) | 1 4 , 1 7 5 | 1 2 , 6 0 0 | 1 7 , 8 5 0 | Next to Venue |
| | Rihga Royal Hotel(TOWER) | - | 1 5 , 2 2 5 | 2 2 , 0 5 0 | |
| 2 | Hotel NCB | 7 , 0 0 0 | 6 , 0 0 0 | 8 , 3 0 0 | 5-min.-walk |
| 3 | Rihga Nakanoshima Inn | 7 , 0 0 0 | 6 , 0 0 0 | 1 0 , 0 0 0 | 15-min.-walk |
| 4 | APA Hotel Osaka-Higobashi-Ekimae | 8 , 4 0 0 | - | - | 15-min.-walk |
| 5 | Super Hotel City Osaka Tennen Onsen | 7 , 0 1 0 | - | - | 10-min.-walk |
| 6 | Hotel Unizo Osaka Yodoyabashi | 8 , 4 0 0 | - | - | 10-min.-taxi |
| 7 | Hotel Hanshin | 9 , 9 7 5 | 9 , 4 5 0 | 1 4 , 1 7 5 | 15-min.-walk |
| 8 | ANA Crowne Plaza Osaka | 1 4 , 1 7 5 | 9 , 4 5 0 | 1 7 , 3 2 5 | 10-min.-taxi |
| | | 1 6 , 8 0 0 | 1 2 , 6 0 0 | 1 9 , 9 5 0 | |
| 9 | Hotel Granvia Osaka | 1 2 , 6 0 0 | 1 1 , 0 2 5 | 1 5 , 7 5 0 | 15-min.-taxi |
| | | 1 4 , 7 0 0 | 1 4 , 7 0 0 | 1 9 , 9 5 0 | |
| 10 | Hearton Hotel Nishi Umeda | 9 , 9 7 5 | 9 , 4 5 0 | 1 1 , 0 2 5 | 10-min.-taxi |
| 11 | Osaka Dai-ichi Hotel | 1 0 , 5 0 0 | 8 , 9 2 5 | 1 5 , 7 5 0 | 15-min.-taxi |
| | | 1 2 , 6 0 0 | 1 1 , 0 2 5 | 1 7 , 8 5 0 | |

■PAYMENT FOR HOTEL

Confirmation sheet will be sent by JTB Western Japan, Corp. MICE Center.

Application should be accompanied by a payment covering the total amount of the hotel accommodation fee.No reservation will be confirmed in the absence of this payment. All payment must be in Japanese yen.

Payment should be in the form of:

- One of the following credit cards 1. VISA 2. MasterCard 3. Diners Club 4. AMEX 5. JCB

■CANCELLATION

In case of cancellation, written notification should be sent to JTB. The following cancellation fees will be deducted before any refund is made.

| | | |
|---------|---|------------------|
| Hotels: | 8 or more days prior to the first night of stay ----- | None |
| | 7 days to 2 days prior to the first night of stay----- | 20% of tour fee |
| | 1 day prior to the first night of stay ----- | 40% of tour fee |
| | Prior to the first night of stay----- | 50% of tour fee |
| | After day of the first night, or in case of failure to show without notice--- | 100% of tour fee |

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JTB Western Japan, Corp. MICE Center

Honmachi Cross Bldg. (11F) 3-1-8, Minamiyuhouji-machi, Chuo-ku, Osaka 541-0056 Japan

Phone: +81-6-6252-2862 Fax: +81-6-6252-2861 E-mail: m_takewaka115@west.jtb.jp

Office hours : 9:30-17:30(weekdays only)

The 20th Annual Meeting of the Japanese Association of Cardiovascular Intervention and Therapeutics (CVIT2011).

APPLICATION FORM FOR HOTEL ACCOMMODATION RESERVATION

Please complete and return this form to:

| | |
|---|---|
| JTJ Western Japan, Corp. MICE Center Honmachi Cross Bldg. (11F) 3-1-8, Minamikyuhouji-machi, Chuo-ku, Osaka 541-0056 Japan | Fax: +81-6-6252-2861 Phone: +81-6-6252-2862 E-mail: m_takewaka115@west.jtb.jp |
|---|---|

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

NAME: Prof. Dr. Mr. Ms.

Family name _____ Given name _____

ORGANIZATION: _____

ADDRESS: Office Home _____

Postal code _____ Country _____

Phone: _____ Fax: _____ E-mail: _____

Name of Accompanying Person(s), if any:

Mr. Ms. Family name _____ Given name _____

HOTEL ACCOMMODATION

| Hotel name | Room type | Period of stay | Total Accommodation Fee |
|------------|--|---|-----------------------------|
| 1st choice | <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Twin (Single use) | Check-in _____ Check-out _____ () nights | = JPY _____ (1st choice) |
| 2nd choice | | | |

Credit card: VISA MasterCard Diners Club AMEX JCB

Card number:

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Security code*:

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*Other than AMEX: final 3 digits on the reverse side of the end, AMEX: final 4 digits on the front of the card (Upper level)

Name of cardholder: _____ Expiration date: _____ / _____

Authorized signature: _____

Date: _____ Signature: _____

(This application will become valid upon receipt of confirmation from JTB Western Japan, Corp..)