

EXCURSION APPLICATION FORM

Deadline: April 15, 2006

Prof. Dr. Mr. Ms. Mrs. Other.

First Name _____ Middle Name _____ Family Name _____

Job Title _____ Department _____

Institution _____

Mailing Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Phone _____ FAX _____
(Country code, city code/area code, phone number) (Country code, city code/area code, phone number)

E-mail _____

Excursion plan and fee

<p>PROGRAM A: NEW HALF SHOW PUB "ROPPONNGI KINGYO" The performance begins at 19:20. This is a spectacle show that performed by strange and beautiful "New Half".</p> <p>Night Cruise (AQUA LINE ~ UMIHOTARU) by chartered bus. you can see a beautiful night view seen from a car window.</p> <p>See To The Hotel.</p>	<p>Name: _____ Name: _____ 12,000JPY x _____ persons</p>
<p>PROGRAM B: A BUFFET DINNER at "HONG KONG GARDEN " in Azabu. (19:00 ~ 20:30) Chinese snacks and dishes served by Wagon service. VISIT THE TOKYO TOWER. (20:45 ~ 21:30) The Tokyo Tower is a symbol of Tokyo. At night, you can see the most beautiful twinkling neon lamp.</p> <p>THE NIGHT VIEW SEEN FROM A CAR WINDOW. (Odaiba) (21:30 ~ 22:30)</p> <p>See To The Hotel.</p>	<p>Name: _____ Name: _____ 10,490JPY x _____ persons</p>

TOTAL AMOUNT DUE Yen

When we accept your application form, we will send a note of confirmation and a payment slip by mail.
Please bring the confirmation to the reception desk on June 10.

OFFICE USE ONLY	Date: _____	ID: _____	Return: _____
------------------------	-------------	-----------	---------------

Return form to: CCF Executive Office in Tokyo
Tokatsu-Tsujinaka Hospital Coloproctology Center
946-1 Nedo, Abiko, Chiba, Japan
Phone: +81-4-7184-9117 / FAX: +81-4-7184-9117 / E-mail: ccfssympotokyo@gpro.com