

Hotel Reservation Request Form for

2nd Conference in Japan for Asian Drug Development May 29th-30th, 2008

Please complete the requ	est form	and send it b	y fax or e-mail to	o Mr. Sakurai	of	
Hotel Grand Palace <u>no la</u>	ter than	<u>May 15th.</u>				
Fax number:	81-3-32	30-6822				
E-mail address:	rsales@grandpalace.co.jp					
Mr Name: Ms		<u>Co</u>	ompany:			
Address:						
City:	State:		ZIP:			
Country:	E-mail:					
Phone:	Fax:					
Accommodations: Please select your room t Standard Baam	_	X 17 000	(mith out he	and front)		
<u>Standard Room</u> Single use		¥ 17,000 ¥ 18,050	(<u>without</u> br (with break			
Standard Room		\$\$ 10,000 \$\$ 19,320	(with break (without br			
Twin use		421,525	(with break			
 These rates are applica (Special rates for 2nd C including service char Please settle your bill b 	Conference ge and ta	e in Japan fo ax / per night	or Asian Drug De)	evelopment,		
Arrival Date:	Departure Date:					
Arrival Flight:	Arrival Time at the Airport, Tokyo:					
Credit Card Number:		Exp Date:				
Credit Card Type		•				
□American Express	٦V		□Master Card		□JCB	

Cancellation policy: Changes and/or cancellations are accepted 48 hours prior to the reserved arrival date. Guest who checks out prior to the reserved check-out date may incur an "early check-out fee" of one night charge. Guests wishing to avoid an early check out fee should advise the hotel at or before check-in of any change in the planned length of stay. Cancellation fee amounts to one night charge.

*For inquiries about the meeting and receptions, please contact Drug Information Association, LLC Address: Maruei Bldg. 4F, 2-19-9 Iwamoto-cho, Chiyoda-ku, Tokyo 101-0032 Japan TEL: +81-3-5833-8444 FAX:+81-3-5820-8448 E-mail: diajapan@diajapan.org