## THE BLOSSOM HIBIYA

## Application form for use of the 19th floor meeting room

I would like to apply to use the meeting room as indicated below. \* Please fill in the heavy-framed boxes below.

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\*Please make a reservation by telephone to use the meeting room, and then send this form by e-mail to the address below.

Please sign the agreement as a pledge to comply with the rules of use.							
6:							
Signature:							

MM

DD (

YY

Application Date:

		E-mail:	hibiya@jrk-h	ioteis.co.jp	)	]									
			Company/C	Group											
Applicant name			Division/Se	ection					Name Seal						
			[Address]												
	erson in c														
			[TEL]						[FAX	[]					
			[Mobile]						[E-m	ail]					
	Date	of use	YY MM					DD ( )							
	Starti	ng time	НН	Mì	M Ending time		НН		MM	*Please	e includ	e time for set	-up and remov	al.	
	Time al	llotments									l day 9:00-21:00				
	Meetin	ng rooms										Seats (people)			
	Organizer (Person in charge on the		Company/Group						Name						
D			Contact(TEL)												
	Event title (Meeting title)		☐ Signpost	required	Title:										
					e displayed on th	e entrance of t	he meeti	ing roo	m.						
etai			* A4-sized signpost will be displayed on the entrance of the meeting room.  □ Signpost not required												
Detail for use	Purpos	se of use	☐ Lecture	☐ Semin	ar   Briefing	☐ Study group	☐ Tra	aining	□ In-	-house me	eeting [	□ Boardroom	☐ Others (	)	
. use	•		-		Hollow Square style							ardroom style			
()			XPlease draw	the preferr	ed layout.	1									
	Lay	yout													
	Deliveries in advance														
			☐ Expected	arrival Nu	mber of packages		units		-				cant name, and	the date of	
			□ None Rate	Number		ems	Rat	te		ivery ticl nber		ne time of shi Items	Rate	Number	
Equ	Items Wireless microphone		(not including tax) ¥2,000	rvuiliber		with screen	(not inclu ¥15		INUI	noci		niteboard	(not including tax)	rvamber	
Equipment		dium	¥5,000			reen	¥15,000 ¥2,000				**1.	cooaiu	1100		
ent	Blue-ray deck		¥5,000		- 50		12,0			+					
	☐ Adjust on day of use⊠					<u> </u>			Billing a	address					
Ad	,	sfer in adva		* Please tra	nsfer all fees thro	ee days before	the day o	of use.		_			☐ Address b	elow	
justr	Addres														
.djustment	Company n	Company name Per							n in charge						
	Contact [TEL]							[FAX	[FAX]						
	Notes														
* Do N	OT come	lete This a	nace is for use	by THE RI	OSSOM HIBIVA										
* Do NOT complete. This space is for use by THE BLOSSOM HIBIYA.  Room charge  Yen Prepaid application															
								fee Yen							
F							Adjusted amount on								
e	Total Yen						Yen								
e	Quotation Shipping Completed / Pending					ng	Shipping date / PIC								
	Bill	Bill Shipping Completed / Pending						Shipping date / PIC							
	Receipt	□ R	equired $\square$	Not required	l										
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