

To Okinawa Tourist Co., FAX: +81-98-869-1065

HOTEL REQUEST

NAME: _____ SEX: _____

AFFILIATION _____

ADDRESS _____

TEL: _____

FAX: _____

e-mail: _____

Date of Check-in/out: (check-in) _____ (check-out) _____

Room type _____ nights

Requesting hotel symbols _____

Please fax this form to "Okinawa-Tourist Co." (fax: +81-98-869-1065).