

ACCOMMODATION CHECK LIST

Country: _____

Date Type of room Category	10/14 (Mon.)		10/15 (Tue.)		10/16 (Wed.)		10/17 (Thu.)		10/18 (Fri.)		10/19 (Sat.)		10/20 (Sun.)		10/21 (Mon.)		10/22 (Tue.)		10/23 (Wed.)		10/24 (Thu.)		10/25 (Fri.)		10/26 (Sat.)		10/27 (Sun.)		Total		③ No. of accompany- ing persons
	Tw	S	Tw	S	Tw	S	Tw	S	Tw	S	Tw	S	Tw	S	Tw	S	Tw	S	Tw	S	Tw	S	Tw	S	Tw	S	Tw	S	Tw	S	
① Official Delegate																															
Technical Delegate																															
Experts (incl: O.C.)																															
Official Observers																															
Honorary Members																															
Guests																															
Secretariat																															
Total																															
② Observers																															
Sum total																															

Notes: (1) Tw = twin bed room / S = single bed room

(2) Enter the necessary number of twin and single rooms for each date.

(3) Use of twin rooms is limited to persons accompanied by family members.

(4) The accompanying persons entered for the categories under ① are not to be counted as "Observers" under ②.

(5) Enter the number of accompanying persons under ③.

(6) Coordinators, interpreters, etc. are to be counted in "Secretariat".

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