## The 27th Japan America Grassroots Summit 2019 in Hyogo-Himeji, Japan Application and Home Stay Information Form

## < Deadline : May 5, 2019 >

## **☆YOU <u>MUST</u> TYPE OR PRINT CLEARLY!!☆**

	Name	Last Name					First Name				Middle Name		
1	(Exactly as it appears in												
	passport)												
		Day	/		Month	 	Year		3.	Age			4. Gender
2	Date of Birth												M / F
		Street:		-		-							
5	Address	City:											
		State:									Zip:		
6	Telephone							С	ell:				
7	Fax												
8	E-mail address	@											
9													
	Occupation / Grade	Discount :  Child Discount  Student Discount  Infant under 2 years old											
		*11 years a	and unde	er: \$150	discount. * St	udent l	between 12 8	& 25 yea	ars.: \$100	) discou	ınt. *	Infant: \$30	00 fo all costs
10	Hobbies / Interests												
	Food and other allergies						Foods you can't eat ∕won't eat						
11													
12	Pets	Like	9		Dislike	Wha	at kind of p	oets d	o you di	slike?			
13	Are you a s	Are you a smoker? Yes / No											
14	Do you mind if you	r host fam	ily smo	kes?			Y	es	/ No	)			
	Special Needs /Not	n					Language Ability (Japanese)						
15											16	16 □Not All □Limited □Fluent	
	Family Members (This information helps us match you with a similar family in Japan)												
	Name			Re	elationship				Оссира	ation			Age
17													
	Preferred Hotel Com	nanion?	(l istad	nrice	are based on d	nuhla							
18	Preferred Hotel Companion? (Listed price are based on double occupancy. Unless otherwise requested, another participant will share Name:												
	a room with you.) Would you prefer a s	ingle room	in the	hotele	? (at extra cost a	of \$100	for 3 nights	)				Yes	/ No
	Would you prefer a single room in the hotels? (at extra cost of \$100 for 3 nights) Yes / No Basically, one participant stays at one host's house. However, because of NAME Relationship												
20	special reason (wife and husband, parent and child, etc.), if you want to homestay with someone else, please write his/her name. (Due to the hous												
21	space, this request cann How did you kno			1. By n	nail from CIE 2.	By E-	i mail from CIE	E 3.	Internet	Surfing	4. fr	om friend c	r relative

Departure/ Arrival Airp	ort
Please insert the number and name of Airport you will use.	
1. Los Angeles         2. Seattle         3. Da           22         5. Colorado Springs         6. Atlanta         7. Washingto	
You Choice: ( )	
OPTIONAL LOCAL TOURS or	n June 26
Please insert the alphabet and name of your 1st and 2nd choices. (Please	see the brochure or HP for Local Tour details.)
A. Himeji Castle B. Koko-en Japanese Garden & H	limeji Castle Sannomaru Square
C. Shoshazan Engyo-ji Temple	D. None
1st choice: () 2nd choice	e ()
LOCAL SESSION CHOI	CE
Please insert the number and name of your 1st, 2nd and 3rd choices. (Please see the brochure for Local Session details. Your preference will	a considered but not guaranteed)
1. Himeji 2. Kobe 3. Nishinomiya 4. Tak	
6. Tamba 7. Awaji 8. Kato 9. Tata	
1st choice: () 2nd choice ()	3rd choice ()
POST SUMMIT OPTIONAL PROGR	AM from July 1
Please insert the alphabet and name of your 1st and 2nd choices. (Please	
25 OP1. Kyoto Homestay & Tokyo OP2. Kanazawa	
OP3. Kyoto Free Time OP4. T	
1st : ()2nd : (	)
26 If you prefer a single room at the hotel during the optional program, please c	heck the right box. (at extra cost)
TRAVEL INFORMATIO	Ν
27 Passport Number: 28 Natio	
27   Passport Number:   28   Nation     29   Passport Expiration Date (DD/MM/YYYY):   /	
29 Passport Expiration Date (DD/MM/YYYY) : /	
29 Passport Expiration Date (DD/MM/YYYY): /	nality: /
29       Passport Expiration Date (DD/MM/YYYY):       /         30       Person(s) traveling with you:       Yes (Name:	) / No
29       Passport Expiration Date (DD/MM/YYYY):       /         30       Person(s) traveling with you:       Yes (Name:         31       Special Request (meals, desired seating etc.):	) / No
29       Passport Expiration Date (DD/MM/YYYY):       /         30       Person(s) traveling with you:       Yes (Name:         31       Special Request (meals, desired seating etc.):	) / No nce is your own responsibility)
29       Passport Expiration Date (DD/MM/YYYY):       /         30       Person(s) traveling with you:       Yes (Name:         31       Special Request (meals, desired seating etc.):         32       Do you require travel insurance from NTA ?:       Yes / No (Travel insurance	) / No nce is your own responsibility)
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29       Passport Expiration Date (DD/MM/YYYY):       /         30       Person(s) traveling with you:       Yes (Name:         31       Special Request (meals, desired seating etc.):       32         32       Do you require travel insurance from NTA ?:       Yes / No (Travel insurance from NTA ?:         Please send this application form with your passport copy       to:         U.S. Desk at Nippon Travel Agency America, Inc (Greater Los Angeles Branch)       Attn:         Attn: Grassroots Summit 2019 in Hyogo-Himeji Desk	) / No nce is your own responsibility)
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