

<input type="text"/>	Name	P.I.C.
<input type="checkbox"/> Hotel <input type="checkbox"/> Shop <input type="checkbox"/> Restaurant <input type="checkbox"/> Spot <input type="checkbox"/> Museum <input type="checkbox"/> Office <input type="checkbox"/> Other	Phone	<input type="checkbox"/> Fax <input type="checkbox"/> Ex.
Address		
URL		
Open / Check-in Time	:	Off Day <input type="checkbox"/> Mon <input type="checkbox"/> Thu <input type="checkbox"/> Tue <input type="checkbox"/> Fri
Close / Check-out Time	:	<input type="checkbox"/> Sun <input type="checkbox"/> Wed <input type="checkbox"/> Sat
Memo / Map		
4		

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