REGISTRATION AND HOTEL BOOKING FORM

Please fill all items below with legible letters, then FAX this form to Prof. Ken-ichiro Ota

FAX: +81-45-339-4024

All prices listed here is in the unit of JPY (Japanes					
Registration type: (check one)					
☐ ISCMNS member☐ Non-ISCMNS member☐ One day	by 15-Aug-2005 JPY 65000 JPY 70000 JPY 40000	by 30-Sep-2005 JPY 75000 JPY 80000 JPY 40000	after 1-Oct-2005 JPY 85000 JPY 90000 JPY 40000		
Last Name:					
First Name:					
Organization:					
Mailing Address:					
City:					
Zip Code:	Country:				
Phone:	FAX:				
E-mail:					
I will contribute paper(s)] yes				
If yes, number of papers:	oral presentation	ns and/or po	oster presentations		
Number of participants of the tour:	(JPY 500	00 per person)			
Number of participants of Banquet	Dinner: (JPY 5000 per perso	on)		
I will participate to the Tutorial Class	ss:	5000) 🗆 n	0		
The list of names and affiliations of site. If you DO NOT want your name list		-	on the conference web		
SUBTOTAL (A):					
[Registration fee] + [Tour] + [Banqu	uet dinner] + [Tutor	ial Class] = JPY	Υ		

Last Name			
	<u>First Name</u>		
HOTEL RESERVATION			
If you will stay Shin Yokohama reservation.		ite), our travel ago	ent makes you
Please give us the following inform	mation.		
Arrival Date (dd/mm/yy):	Departure date	(dd/mm/yy):	
Room Type (check box)			
Room Type (occupancy	Rates (per night)	# of room(s)	# of nights
\square Single (1)	JPY 12000		
☐ Standard Twin (2)	JPY 21000		
\square Deluxe Twin (2)	JPY 29500		
GRAND TOTAL: SUB TOTAL (A) (page 1) + To	tal Room Charge (page 2) =	JPY	
PAYMENT:			
IAIWENI.			
	MasterCard		
	MasterCard		_
☐ By credit card Visa, Credit Card No.	MasterCard		
☐ By credit card Visa, Credit Card No. ☐			
☐ By credit card Visa, Credit Card No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
☐ By credit card Visa, Credit Card No. Expiration date Cardholder Name Cardholder Signature ☐ By bank transfer			
☐ By credit card Visa, Credit Card No. Expiration date Cardholder Name Cardholder Signature ☐ By bank transfer			

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