

Date : _____

The Registration Fee Payment and Accommodation Form

(Domestic participants who DO NOT make hotel reservation through the conference office cannot use this form. Please pay the registration fee by the post office transfer.)

Please write in block letters clearly and send it by fax to:

Koji Yoshida, SSCJ30 Conference secretariat

FAX: +81-92-865-6030

1. Registration

Title : _____ Participant name: _____

Affiliation: _____

Address: _____

Country: _____

e-mail: _____ Fax: _____

Registration Fee

Full Participant JPY _____

Student Participant JPY _____

Accompanying person JPY _____

Banquet Fee

Delegate JPY _____ x _____ person(s)

Student JPY _____ x _____ person(s)

Accompany person tour

JPY _____ x _____ person(s)

Total pay	JPY
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2. Payment

Please check the appropriate boxed below.

Bank transfer

Bank account number will be announced in our letter of confirmation.

Credit card

VISA MasterCard JCB American Express Diners Club

Name of Card holder			
Card number		Expired date	/

3. Hotel

I will reserve hotel. Yes No

Participant name: _____

Arrival Schedule: Arriving at _____ on _____ by _____
airport / station Date flight No. / train

Name of hotel	Type of room	Period of stay	Number of nights
1 st choice _____	<input type="checkbox"/> single	Check-in _____	
2 nd choice _____	<input type="checkbox"/> twin	Check-out _____	

Name of person to share a twin room with: _____

Special requests: (e.g. no smoking room, vegetarian)

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