

FOM2000 Registration Form

Early Registration Due Date: January 15, 2000

Fax No. : +81-6-6879-7330

Please register only one person per form. Payment must accompany your registration.

*First name: _____ *Last name: _____

Middle initial: _____ Title: Mr. Dr. Prof. Ms.

*Department: _____

*Affiliation: _____

Street: _____

*City: _____ *State/Province: _____

*Zip/Postal Code: _____ *Country: _____

*E-mail: _____

*Telephone: _____ Fax: _____

*Please include city and country codes along with local numbers.

Items marked with an asterisk(*) MUST BE FILLED OUT before your order can be processed.

Registration Fees

Before January 15th		After January 15th	
<input type="checkbox"/> Regular Attendee	40,000 yen	<input type="checkbox"/> Regular Attendee	45,000 yen
<input type="checkbox"/> Student	20,000 yen	<input type="checkbox"/> Student	25,000 yen
<input type="checkbox"/> Banquet 5,000 yen	x _____	<input type="checkbox"/> Banquet 8,000 yen	x _____
<input type="checkbox"/> Accompanying Person	20,000 yen	<input type="checkbox"/> Accompanying Person	25,000 yen

Accompanying Person's Name _____ Title: _____ First name: _____ Last name: _____

Payment information:

Credit Card: Visa Master _____

Card Holder's Name: _____ Expiration Date (mm/yy): _____ / _____

Card Number (16digits):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I authorize the FOM2000 to charge the total payment fee indicated on this form to my credit card.

Signature: _____ Date: _____