

FOM2000 Workshop Registration Form

FOM2000 Workshop Fax No. : +81-6-6879-7330

Workshop Registration Due Date: February 29, 2000 (Please use one form per person)

*First name: _____ *Last name: _____

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

*E-mail: _____

*Telephone: _____ Fax: _____

*Affiliation: _____

Street: _____ *City: _____

*State/Province: _____ *Zip/Postal Code: _____ *Country: _____

*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 Fee: 28,000 yen

Payment information:

Credit Card: ☐ Visa ☐ Master _____

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

Card Number (16digits):

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

Signature: _____ Date: _____

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