

IAHR 2005 Application Form for Soji-ji Zen Temple Tour

DEADLINE: Feb 28, 2005

Please complete and return this form by fax to:

IAHR Tokyo Secretariat

Fax: +81-(0)3-5841-3888

1. Name of Participant(s)

(Mr. / Mrs. / Ms)

Given

Middle

Family

(Mr. / Mrs. / Ms)

Given

Middle

Family

2. Mailing Address (Home/Office)

Phone: _____

Fax: _____

e-mail : _____

You are requested to pay the fee in cash at the Travel Desk at the venue during the congress. We apologize we cannot accept credit card payment.