

IAHR Tokyo 2005 -Half Day Excursion for VIP Form-

The Travel desk IAHR Tokyo 2005.
c/o Japan Convention Services, Inc.
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Please print out the sheet, fill out and fax it back to: **+81-3508-1695**

Please select whether you already registered or not.

REGISTERED: REGISTRATION NUMBER _____ OR PAYMENT NUMBER _____

*If you already registered, it's not necessary to fill in the personal information.

NOT REGISTERED: Please fill-in all the necessary personal information as follows.

TITLE: Prof. Dr. Mr. Ms.

NAME:

_____ First name _____ Family name _____ Middle name

AFFILIATION: Please write the name of institution (University, etc.) **DEPARTMENT:** _____

MAILING ADDRESS: Office Home (Please select one)

_____ Postal Code _____ Country

PHONE: + _____ - _____ - _____
Country code Area code Number

FAX: + _____ - _____ - _____
Country code Area code Number

E-MAIL: _____

ACCOMPANYING PERSON (S), IF ANY

1. Mr. Ms.

_____ First name _____ Family name _____ Middle name

2. Mr. Ms.

_____ First name _____ Family name _____ Middle name

	No. of person	Unit Price	Required Amount
TRADITIONAL RELIGIONS (KORAKUEN, ASAKUSA)		6,800	
Total Amount			

Credit card: I agree to pay _____ yen by Credit card.

Visa Master Card AMEX Diners Club JCB

Card Number: _____ Expiration Date: _____ mm/yy

Name of card holder: _____ Authorized Signature: _____

Bank Transfer: I (We) remitted payment on _____ in the name of _____.

Mitsui-Sumitomo Banking Corporation
Hibiyadori Branch
Account number: 8135928
Account name: IAHR TOKYO 2005

Note:

1. All payment must be made in Japanese yen.
2. All Bank charges must be paid by participants.
3. Please attach bank receipt for remittance