

AFI/TFI-2004

The 4th International Symposium on Advanced Fluid Information and Transdisciplinary Fluid Integration

FORM

A

November 11-12, 2004, Sendai International Center, Sendai, Japan

Secretariat use only

REGISTRATION FORM

FAX : +81-22-263-6693

E-mail : sendai_pn1051@thk.jtb.co.jp

Reg.No. _____
Date Rcvd. _____

Early Registration Deadline: October 8, 2004

Registration Secretariat

JTB Corp. SENDAI OFFICE

SASAJU BLDG. 6F 3-6-1, Ichiban-cho, Aoba-ku, Sendai-shi, Miyagi, 980-0811 JAPAN

FAX: +81-22-263-6693 E-mail: sendai_pn1051@thk.jtb.co.jp

Kazushige Yachita / Kumiko Saito

Please type or print Legibly.

Name: Mr./Ms. _____
First name Middle name Family name

AFFILIATION: _____

DEPARTMENT: _____

Mailing Address: (Check one) office home

City Zip Country

E-mail: _____

Phone: +() - _____ Fax: +() - _____
country code/area code/number country code/area code/number

Name(s) of Accompanying Person(s): _____
(Male / Female)
_____ (Male / Female)
First name Middle name Family name

Registration Status

Registration Fees: Mark the appropriate box and enter amount in space provided at the end of line

	General	Student	Student (without banquet)	Accompanied person
(a) Advance Registration (On or before October 8, 2004)	<input type="checkbox"/> ¥ 10,000	<input type="checkbox"/> ¥ 5,000	<input type="checkbox"/> ¥ 0	<input type="checkbox"/> ¥ 5,000
(b) Late Registration (After October 9, 2004)	<input type="checkbox"/> ¥ 15,000	<input type="checkbox"/> ¥ 10,000	<input type="checkbox"/> ¥ 5,000	<input type="checkbox"/> ¥ 10,000
(c) Amount Required			Total	¥ _____

Term Of Payment

- * All payment must be made in Japanese Yen.
- * Transfer fees must be paid by participants.
- * Please attach bank receipt for remittance or photocopy of credit card.

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

Visa MasterCard AMEX Diners JCB

Card#: _____

Name of Cardholder: _____ Expiration Date: _____

Authorized Signature: _____ Home Phone: _____

Bank transfer

To : Account name: AFI/TFI-2004 through _____

Account #: _____ (ordinary account) (your bank Name)

Bank name: _____ remittance amount _____

Branch name: _____ by the name of _____

Date: _____ Signature: _____

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B

November 11-12, 2004, Sendai International Center, Sendai, Japan

ACCOMMODATION RESERVATION FORM

FAX : +81-22-263-6693

E-mail : sendai_pn1051@thk.jtb.co.jp

Deadline: October 8, 2004

Secretariat use only

Reg.No. _____
Date Rcvd. _____

Please type or print Legibly.

Name: Mr./Ms. _____
First name Middle name Family name

AFFILIATION: _____

DEPARTMENT: _____

Mailing Address: (Check one) office home

City Zip Country

E-mail: _____

Phone: +() - country code/area code/number Fax: +() - country code/area code/number

Accommodation Reservation

Hotel No. First Choice : _____ Second Choice : _____

Room Type. Single
 Twin (sharing a room with

(Male / Female)

First name Middle name Family name

Check-in Date: _____ Check-out Date: _____ Nights: _____

*If you have a special request (such as extension of stay), please contact JTB CORP.SENDAI OFFICE.

*Confirmation Sheet of reservation will be faxed by November 4, 2004.

PAYMENT

*Accommodation charges should be paid directly to the hotel when you check out.

*All payment should be settled at the hotel by yourself.

* You can pay by cash, or use one of the following credit cards ;

VISA, MasterCard, Diners, Amex, JCB,

※Please write down your credit card information as your booking guarantee.

Visa MasterCard AMEX Diners JCB

Card#: _____

Name of Cardholder: _____ Expiration Date: _____

Authorized Signature: _____ Home Phone: _____

Official Travel Agent

JTB Corp.SENDAI OFFICE

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