

Registration Form for Information'2017

Please complete and return to the following address: Information'2017 Office,
Fax : +81-42-3876347, E-mail: office@information-iii.org

TITLE: Prof/Dr/Mr/Ms/Other : _____

FIRST NAME : _____

FAMILY NAME : _____

DEPARTMENT : _____

ORGANISATION : _____

MAILING ADDRESS : _____

E-MAIL: _____

Accompanying Family - Covers admission to the welcome reception and the
conference dinner.

1. Name : _____

2. Name : _____

Registration Fees

Early Registration Fees : USD420 (JPY42000)

Late or On Site Registration Fees : USD480 (JPY48000)

Student Registration Fee : USD300 (JPY30000)

Registration Fee for Accompanying Family : USD300 (JPY30000).

Registration Total : USD _____ (JPY _____) .

Information of CREDIT CARD :

Card Type : VISA or MASTERCARD _____

Card Number : _____

Holder's Name : _____

Valid Date : _____