

THE 5th ICPC jointly with THE 4th IHHC

May 27 - 31, 2001 Osaka, Japan

REGISTRATIONFORM

(For official use only)

Please complete and mail this form to: Conference Secretariat of The 5th ICPC
c/o Convex Inc., Ichijoji Bldg., 2-3-22 Azabudai, Minato-ku, Tokyo 106-0041 Japan
Tel : +81-3-3589-3355 Fax:+81-3-3589-3974

Reg. No.	
Abst. No.	
Date Rcvd.	/ /

(Please type or print in block letters.)

■ Registrant: Prof. Dr. Mr. Ms. (Please check one)

Family name	First name	Middle name
Affiliation		

■ Mailing Address: Office Residence (Please check one)

Country		
Tel	Fax	
E-mail		

■ Accompanying Person(s):

1. Mr. Ms. (Please check one)

Family name	First name	Middle name
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2. Mr. Ms. (Please check one)

Family name	First name	Middle name
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■ Registration Fee:

Category	Early Registration (By March 15, 2001)	Late Registration (By April 15, 2001)	On-site Registration (After April 15, 2001)	Amount to be paid
Delegate	I40,000	I45,000	I50,000	I
Student	I15,000	I20,000	I25,000	I
Accompanying Person(s)	I15,000 x ≡≡≡	I20,000 x ≡≡≡	I25,000 x ≡≡≡	I
Japan Night	I8,000 x ≡≡≡			I
Concert Evening	I3,000 x ≡≡≡			I
Total Amount				I

■ Method of Payment:

Bank Remittance

I remitted the above grand total of I on / /
(Date) (Month) (Year)

through to the following account:
(Bank Name)

Bank : Asahi Bank, Azabu Branch
 Account Name : THE 5TH ICPC
 Account No. (Ordinary Deposit) : 1 2 0 5 6 1 2

Credit Card

VISA MasterCard AMEX Diners Club JCB

Amount to be paid : I

Card No. :

Card Holder's Name :

Expiration Date : / /
(Date) (Month) (Year)

Date : / /
(Date) (Month) (Year)

Signature : X _____

- [Note]
1. All payment must be in Japanese yen.
 2. Bank drafts and personal checks are not accepted.
 3. Please attach a copy of the receipt of the remittance to avoid possible difficulties.
 4. The remitter's name should be the same as the registrant's name.

Date: _____ / _____ / _____
(Date) (Month) (Year)

Signature: _____