

4th International Symposium on Designing, Processing and Properties of Advanced Engineering Materials

November 18-21, 2008 Nagoya, Japan

REGISTRATION FORM

Please type or print in block letters and return this form to:

Registration Office of ISAEM2008

c/o ICS Convention Design, Inc. Nagoya Office

EBS Bldg. 7F, 3-6-27, Marunouchi, Naka-ku, Nagoya-shi, Aichi460-0002, Japan

TEL: +81-52-973-1631 FAX: +81-52-973-1633 E-mail: ISAEM2008@ics-inc.co.jp

*Please fill in one form per participant.

Participant Name (Check one) Prof. Dr. Mr. Ms.

(Family Name)

(Given Name)

(Middle Name)

Affiliation (Department) _____

(University, Company, etc.) _____

Mailing Address (Check one) Office Home

Street _____

City _____

State/ Province _____

Country _____

Zip code _____

Tel: _____ Fax: _____ E-mail: _____

Accompanying Person Name

1. (Check one) Prof. Dr. Mr. Ms.

(Family Name)

(Given Name)

(Middle Name)

2. (Check one) Prof. Dr. Mr. Ms.

(Family Name)

(Given Name)

(Middle Name)

REGISTRATION FEE

Category	Before or On August 15, 2008	After August 16, 2008	Amount
Regular Participant	<input type="checkbox"/> ¥30,000	<input type="checkbox"/> ¥35,000	
Student with ID	<input type="checkbox"/> ¥10,000	<input type="checkbox"/> ¥12,000	
Ticket for Banquet	<input type="checkbox"/> Regular Participant <input type="checkbox"/> Accompanying Person <input type="checkbox"/> Student	¥4,000 x () person ¥2,000 x () person ¥2,000 x () person	

Total Amount : ¥ _____

Method of Payment (Check the method and fill in the blanks as applicable.)

- Bank draft : Herewith enclosing a bank draft payable to ISAEM 2008.
 Transfer : Please enclose a copy of your bank's receipt with this form to avoid possible confusion.

I have remitted the above sum of ¥_____ by bank transfer
through my bank_____ (name of your bank) to:

Bank: The Bank of Tokyo-Mitsubishi UFJ, Ltd., Shin-Marunouchi Branch

1-1-1, Otemachi, Chiyoda-ku, Tokyo 100-8114, Japan

Account Name: ISAEM2008 Account No.: 3011836 (Ordinary Account)

- Credit card : VISA MasterCard Diners Club AMEX JCB

Card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of card holder:_____ Expiration date:_____ / _____

Authorized signature:_____

Signature: _____ **Date:** _____

*** THIS APPLICATION WILL BECOME VALID UPON RECEIPT OF CONFIRMATION FROM THE REGISTRATION OFFICE.**

*** THE RECEIPT WILL BE GIVEN WITH YOUR NAME CARD ON THE DAY OF SYMPOSIUM.**

For Japanese Participants, 日本人参加者の方へ

※ 下記も続けてご記入下さい。

請求書発行 (下記よりお選び下さい。)

要

請求書宛名 _____

不要

領収書の宛名

※ 領収書は会議当日、会場にて名札と一緒にお渡しさせていただきます。

※ お申込書を郵送でお送りいただく場合は、下記へお願い致します。

〒460-0002 愛知県名古屋市中区丸の内 3-6-27 EBSビル7階

株式会社 ICS コンベンションデザイン 名古屋支局内 ISAEM2008 登録事務局 宛