Preliminary Registration Form

Please send this form to the symposium secretary by e-mail or Fax by March 18th, 2005

Title	Prof.	Dr.	Mr.	Ms.		
Name:						
		(family name)		(Give	en name)	
A CC 1:						
Affiliati						
Address) <u>:</u>					
Tel:						
Fax:						
-1						
e-mail:	-					
Check preferred mode of presentation or poster						
Oral						
Poster						
Oral (Young Researchers Session)						
Poster (Young Researchers Session)						
Check if you want to participate in the excursion						
	Sightseeing					
	Golf	tour				
Check	if you wa	f you want the committee to reserve a hotel (Tokyu Inn)				
Yes						
	1 00	From	May	(check-in)		
				_ (check-out)		
	No					