

Registration Form

Deadline: December 24, 1998

Please return this form

TO: Secretariat for Registration, GEMSTONE

International Communications Specialists, Inc.

Sabo Kaikan-bekkan, 2-7-4 Hirakawa-cho, Chiyoda-ku, Tokyo 102-8646, Japan

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* Please type or print in block letters. Please fill in one form per participant.

1. Participant Prof. Dr. Mr. Ms. (check)

(Family Name)

(Given Name)

(Middle Name)

2. Affiliation (University, Company, etc.)

3. Department

4. Mailing Address Office Home (check)

Street and Number

City _____ State/Province _____

Zip Code _____ Country _____

Tel: _____ Fax: _____ e-mail: _____

5. Accompanying Person(s)

Mr. Ms. (check) _____
(Family Name) (Given Name) (Middle Name)

6. Scientific Excursion

I (We) intend to attend Scientific Excursion. Yes ____ person(s) No (check)

7. Hotel Accommodations (Hotel Mets Kokubunji)

Type of room: Single room Twin room

Check-in on: January _____ Check-out on: January _____ night(s)

Credit Card: Visa MasterCard AMEX Diners Club

Card Number: _____

Expiration Date: ____/____
Month Year

Name of card holder (Please print): _____

Signature: _____ Date: _____

(This application will become valid upon receipt of confirmation from the Secretariat.)