

## IWFHR-9 Workshop Registration Form

Please FAX to Hitachi Travel Bureau, Ltd. (at HCRL) Fax: +81-3-5634-1561

**INSTRUCTIONS FOR REGISTRATION:** Please fill in all information and send this form by facsimile. Registration will be accepted only by facsimile. Early Bird Registration must be received by **August 31**, and Late Bird by **October 10, 2004**. We will send a confirmation by facsimile within 5 business days. If there is no confirmation received, please contact us by facsimile or e-mail.

**OFFICIAL AGENCY:** c/o Tomoyuki Asai, Hitachi Travel Bureau, Ltd.

Address: 7-2-18 Toyo-cho, Koto-ku, Tokyo 135-8372, JAPAN

e-mail: iwfhr9@crl.hitachi.co.jp (workshop) or htbgakkai2@cm.hitachi-hb.co.jp (registration, payment, etc.)

**A. CONTACT INFORMATION** (Please complete all information in block letters below and mark X in [ ].)

Name: _____ [ ] Male [ ] Female				
Title	Last	First	Middle	
Affiliation: _____				
Address: _____				
City: _____		State: _____	Zip: _____	Country: _____
Tel: _____		Fax: _____	e-mail: _____	

**B. REGISTRATION INFORMATION**

**(1) Registration Fee:**

Early Bird: [ ] IAPR member ¥50,000 [ ] NON-IAPR member ¥55,000 [ ] STUDENT ¥30,000

Late Bird: [ ] IAPR member ¥55,000 [ ] NON-IAPR member ¥60,000 [ ] STUDENT ¥35,000

IAPR Affiliated Society: \_\_\_\_\_ Membership No: \_\_\_\_\_ (if IAPR member)

Supervisor: \_\_\_\_\_ Supervisor's e-mail: \_\_\_\_\_ (if STUDENT)

**(2) Options** (See detailed information at <http://koigakubo.hitachi.co.jp/~IWFHR9/>)

- Number of additional copies of proceedings (including CDs): \_\_\_\_\_ copies (@¥8,000)

- Number of additional banquet tickets: \_\_\_\_\_ (@¥10,000)

- Technical tour: [ ] FUJITSU Tour [ ] NEC Tour [ ] TOSHIBA Tour [ ] HITACHI Tour  
(Select one if you like to join. First-come first-serve basis. Free of charge except transportation.)

- Free tutorial: [ ] Microsoft (First-come first-serve basis.)

- Charged Hakone excursion: \_\_\_\_\_ person(s) (@¥12,000) (Max: 40 people. First-come first-serve basis.)

**(3) Author Information:** Paper No. \_\_\_\_\_ (if you are an author in this workshop)

**C. PAYMENT INFORMATION** (Please choose either VISA or MASTER.)

The type of credit card: [ ] VISA [ ] MASTER		Expiration: _____ / _____ (Month/Year)
Card Number: _____ - _____ - _____	Sum Amount Payable: ¥ _____	
Name on card: _____	Signature: _____	

**D. ADDITIONAL COMMENTS:** (e.g. food limitation for the banquet)

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**CANCELLATION POLICY:** (1) Before September 30 inclusive: Refund with ¥10,000 charge.

(2) After September 30: No Refund. Only cancellation in writing sent by fax will be accepted.

**REGISTRATION REPLY (Official Use Only) Confirmation number:** \_\_\_\_\_