

# ISAP i-02 Registration Form (Facsimile or Post Reg.)

Please print this form and send it by **facsimile or post**.

**Fax: +81-3-3423-1601** c/o Inter Group Corp., Akasaka Daiichi Bldg., 4-9-17 Akasaka, Minato-ku, Tokyo 107-8486, Japan  
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Please tick.  Speaker Paper(s) No. \_\_\_\_\_

Title:  Prof.  Dr.  Mr.  Ms.

Name: \_\_\_\_\_  
Given Middle initial Family

日本語氏名 (Japanese only): \_\_\_\_\_

Department: \_\_\_\_\_

Organization (Institution): \_\_\_\_\_

Mailing Address:  Office  Home

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Accompanying Person(s) (Spouse or family member only, if any)

1. \_\_\_\_\_  
Given Middle initial Family

2. \_\_\_\_\_  
Given Middle initial Family

Registration Fee (Please tick (  ).)

Categories	On or Before Oct 4th, 2002	After Oct 5th, 2002	Person	Amount
<input type="checkbox"/> Regular Participant*	<input type="checkbox"/> 26,000 JPYen	<input type="checkbox"/> 30,000 JPYen	1	JPYen
<input type="checkbox"/> Student**	<input type="checkbox"/> 10,000 JPYen	<input type="checkbox"/> 12,000 JPYen	1	JPYen
			Fee sub-total (1)	JPYen

\*The registration fee for regular participants includes the fees for admission to all technical sessions, proceedings (hard copy and CD-ROM), banquet and free bus ticket (between YRP Nobi Station and YRP). The registration fee for students does not include the fee of banquet.

\*\*Student only: Copy of the student/Resident ID or the documentation from head of department is required.

Banquet (Nov. 27th, 2002)  I will attend.

Technical Tour (Nov. 27th, 2002) : **Booking is full! (November 11, 2002)**

(check only one.)  Course A (NTT DoCoMo)  Course B (TAO)  Course C (CRL)

Additional Fee

Contents	Fee		Amount
<input type="checkbox"/> Banquet (for student and accompanying person)	<input type="checkbox"/> 5,000 JPYen	<input type="checkbox"/> person(s)	JPYen
<input type="checkbox"/> Additional CD-ROM	<input type="checkbox"/> 2,000 JPYen	<input type="checkbox"/> set(s)	JPYen
			Fee sub-total (2)

Grand Total (sub-total(1)+(2)) \_\_\_\_\_ JPYen

Payment (Please choose one. Personal check cannot be accepted.)

Bank Transfer

I remit the above total amount on (date) \_\_\_\_\_ through (name of bank) \_\_\_\_\_

to the following account in Japanese Yen.

Bank Name: Bank of Tokyo-Mitsubishi, Akasaka Branch (No. 046) Name of Account: ISAP i-02 Account No.: 1481314

(Note) Please attach to the form a copy of your bank receipt confirming payment. All remittance charges are responsibility of payer.

Credit Card  VISA  Master Card  American Express

Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Month/Year

Name of Card Holder: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Note (if any)