



ISAP'04 Exhibition Application Form



Please complete this form and send it to the following address before January 31, 2004. After your application, we send you the detailed instructions such as payment, time schedule and so on.

Dr. Yoshihiko Konishi
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Title of Demonstration : _____

Applicant's name: _____

Affiliation: _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Exhibition Fee (Please tick () .)

Exhibition Course	Fee	No. of space	Amount
() Regular Exhibition	() 300,000 JPYen / a space	X () space(s)	JPYen
() Item Distribution Only	() 100,000 JPYen / a space	X () space(s)	JPYen
Fee total			JPYen

Date of Application: _____ **Signature:** _____