IWSRFM2016 Registration Form

Please fill in the following form and send it to workshop email address.

IWSRFM2016@nims.go.jp

There is no workshop participation fee. (Attendance is free)

If you choose some social events, please pay the total fee at the conference site by cash (Japanese currency). Credit cards are not available.

# Participant

|  |  |  |
| --- | --- | --- |
|  | For all participants. Please write here in English | For Japanese日本語で書いて下さい |
| Title:(Prof/Dr/...) |  |  |
| Family name:  |  |  |
| First name:  |  |  |
| Middle name:  |  |  |
| Institution:  |  |  |
| Position:  |  |  |
| Email:  |  |  |
| Tel: |  |  |
| Fax:  |  |  |
| Postal address:  |  |  |

|  |  |
| --- | --- |
| Social events: (acceptable number is limited) | Please choose Yes or No |
| Do you participate luncheon seminar on Dec. 21st (free):  | Yes/No |
| Do you participate Banquet on Dec. 21 (5,000 Yen):  | Yes/No |
| Do you participate Sushi Lunch on Dec. 22 (1500 Yen):If yes, please choose “Nigiri” or “Chirashi”. | Yes/No“Nigiri” / “Chirashi” |
| Total | 000 Yen  |