Registration Form

Mail or Fax to: Prof. Junichi Murota

Research Institute of Electrical Communication, Tohoku University, 2-1-1, Katahira, Aoba-ku, Sendai, 980-8577, Japan. FAX: +81-22-217-5551

Please complete and return this form to Prof. J.Murota. Please type or print in block letters.

| Attendant's Name: | | | | |
|--|-----|------|-------------|-----------|
|] Prof.] Assoc.Prof. Affiliation: | | | | |
| Mailing Address ([] Office | | | | |
| | | | ,(Zip code) | (Country) |
| Phone: | ext | Fax: | | |
| E-mail: | | | | _ |

| | Registra | | | |
|---------|------------------------------|-----------------------------|-----------|--|
| | before September 15, 2008 | after September 16, 2008 | Banquet | |
| Regular | []¥5,000 | []¥7,000 | | |
| Student | []¥2,000 | []¥3,000 | []¥3,000 | |
| | Grand Total ¥ | | | |

PAYMENT (Check either of the boxes. All payments should be made in Japanese Yen.)

[] Bank Transfer (Please pay your bank commission charge.)

Account Name: SiGe(C) Workshop Junichi Murota Account Number: 433-1462656 Bank: RESONA BANK, Sendai branch 2-4-1 Ichiban-cho, Aoba-ku, Sendai 980-0811, JAPAN

* Please complete this form and send it together with a copy of receipt for the bank transfer to Prof. J.Murota.

[] Payment by Credit Card (for only attendees from overseas)

I agree to pay Japanese _____ Yen by Credit Card.

Card Name: [] VISA [] Master

| Card Number: | , Expiration date: | <u> </u> |
|------------------------------|--------------------|----------|
| Cardholder's Name (printed): | | |

Date: _____ Authorized Signature: _____