

# Registration Form

**Mail or Fax to: Prof. Junichi Murota**

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

Attendant's Name: \_\_\_\_\_

☐ Prof. ☐ Assoc.Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Affiliation: \_\_\_\_\_

Mailing Address (☐ Office ☐ Home): \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Zip code) (Country)

Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

	Registration Fee		Banquet
	before September 15, 2006	after September 16, 2006	
Regular	[    ] ¥7,000	[    ] ¥10,000	[    ] ¥3,000
Student	[    ] ¥4,000	[    ] ¥5,000	
	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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cardholder's Name (printed): \_\_\_\_\_

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