

Registration Form

Mail or Fax to: Prof. Junichi Murota

Research Institute of Electrical Communication, Tohoku University,
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FAX: +81-22-217-5548

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 October 15, 2007	after October 16, 2007	
Regular	<input type="checkbox"/> ¥7,000	<input type="checkbox"/> ¥10,000	<input type="checkbox"/> ¥3,000
Student	<input type="checkbox"/> ¥4,000	<input type="checkbox"/> ¥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: _____