



10th Japan International SAMPE Symposium and Exhibition (JISSE-10)

November 27-30, 2007

Tokyo Big Sight, Tokyo, JAPAN

Registration Form

Please Print

Title: _____ Name : _____

Affiliation: _____

Address: _____

City: _____ State/Country: _____ Postcode: _____

Phone: _____ Fax: _____ Email: _____

Abstract No. (For speaker only) _____

Full Conference Registration

(including Banquet, Coffee Breaks, Proceedings, Attendance to sessions)

SAMPE members	¥50,000	¥
Non SAMPE members	¥60,000	¥
Students	¥15,000	¥

One day Registration

SAMPE members and Non-members	¥25,000	¥
Students	¥6,000	¥

Total Payment _____ ¥

(All the oral and poster presenters are required to pay the full registration fee.)

Please indicate should you require any special diet :

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Credit Card Details:

AMEX VISA Master Card

Card no..... Expiry date:

Signature :

Please return the signed form to the JISSE-10 Secretary Ms. Takiko Hirano by postal mail or Fax. Attendees wishing to register together using a single payment are being requested to submit a copy of this form for each registrant.

Secretariat of JISSE-10
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