

FIHFP2004

Registration form

International Workshop on Fast Ignition and High Field Physics 2004

Kyoto Tokyu Hotel, Kyoto, JAPAN, April 25-29, 2004

Office use Reg.No.

Please send this form to FIHFP2004 Secretariat in one of the following ways.

(1) Fax +81-6-6456-4105

(2) Postal mail: JTB Communications, Inc.,
Sankei Bldg., 7F, Umeda 2-4-9, Kita-ku, Osaka 530-0001, JAPAN

The deadline for early registration is **Monday, March 1st, 2004.**

Please type or print in **BLOCK LETTERS (English Only).**

Participant Prof. Dr. Mr. Ms.

First Name _____ Middle Initial _____ Last Name _____

Affiliation/Institution/Company _____

Mailing Address _____

City _____ State/Province _____ Zip Code _____ Country _____

Phone* _____ Fax* _____

* Please include country and area codes (ex. +81-6-6877-4799)

Email _____

Accompanying person(s)

Mr./Mrs./Ms. First Name _____ Middle Initial _____ Last Name _____

Mr./Mrs./Ms. First Name _____ Middle Initial _____ Last Name _____

[] I plan to submit abstract. / [] I have already submitted abstract.

Title of abstract _____

Registration Fee

	Fee per person		No. of Person(s)	Amount to be Paid	Amount Received (Office Use)
	EARLY BIRD RATE	LATE ADVANCE RATE			
Participant	<input type="checkbox"/> 30,000yen	<input type="checkbox"/> 35,000yen	X 1	_____ yen	_____ yen
Accompanying Person's tickets	<input type="checkbox"/> 6,000yen	<input type="checkbox"/> 6,000yen	X _____	_____ yen	_____ yen
Total				_____ yen	_____ yen

Payment:

<input type="checkbox"/> Bank Transfer	<p>I have paid the registration fee (_____ yen) directly to FIHFP2004 (Account Name) at Sumitomo Mitsui Bank Ltd, Toyonaka Branch, Account No. 6858186 (Address: 1-9-5 Honmachi, Toyonaka, Osaka 560-0021, JAPAN; Tel: +81-6-6854-1761) through:</p> <p>Name of Bank: _____ Date: MM: [] / DD: [], 2004</p> <p>Name of remitter: _____</p> <p>I have attached a copy of my bank receipt or equivalent.</p>
<input type="checkbox"/> Credit Card	<p>You are authorized to charge the registration fee to my credit card:</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard, Card No.: _____</p> <p>Expiry Date: MM: [] / YY: []</p> <p>Name of Card Holder: _____</p> <p>I have attached a copy of my card.</p>