Registration form

Please register in the Online Registration System. If you have difficulties to register by online, please fill out the form below and send by e-mail or Fax. The fields marked * are compulsory.

DELE	GATE'S INFORMAT	ION									
Prefix	*		1r. □N	/ls.(N	Mrs.)	□Pro	f.	□Dr.			
Given	Name *									Middle Initial	
Family Name *										I	
Organization/ Company *											
Position/Job title *											
Postal Address *											
City											
State/Province											
Zip/Postal code *											
Country *											
Phone *											
Fax											
Email address *											
Nationality											
Passport No. *											
Dietary requirements *			a. Non	ie							
		□ b. Vegetarian (only vegetables)									
		☐ c. Vegetarian (vegetables and sea foods)									
		□ d. Halal									
		e. Others (please specify your dietary requirements)									
		[]
J	e to the publication of	•	•		,		•	•		_ist of Participa	nts on the 4th
	Symposium and 9th E					□ Ye			No		
	MPANYING PERSO	NS (Accom	pan	ying	person	is mi	ust be	e a ta	-)
1.	Given name									Middle Initial	
	Family name										
	Passport No.										
	Gender		Male		Fem	ale					
2.	Given name									Middle Initial	
	Family name										
	Passport No.						-				
	Gender		Male		Fem	ale					

REGISTRATION DETAILS (The registration fees are payable in JPY.)											
Delegate *		Jntil June 30	¥50,000	☐ After July 1 ¥60,)				
Accompanying Person	ns 🗆 l	Jntil June 30	¥25,000		After July 1	¥30,000)				
	Nun	nber of persor	ns[]			[]				
Optional Technical To	ur * 🛮 🗆 🖊	☐ Attend ¥25,000/person [] Number of persons									
□ Not Attend											
CITY TOUR and SOCIAL EVENTS											
T-1 Half day city to	ur *	[] Number of persons									
S-1 Welcome rece	ption *	[] Number of persons									
S-2 Farewell banqu	uet *	[] Number of persons									
HOTEL RESERVATIONS											
Hotel Royton Sapporo (Same as the venue of symposium. Price per room with tax and breakfast.)											
They have twin rooms only.											
Date of Check in		9/25 🗆 9/26 🗆 9/27 🗆 9/28									
Date of Check out		□ 9/28 □ 9/29 □ 9/30 □ 10/1									
Room information		□ Non-smoking room □ Smoking room									
(Room with twin bed)		☐ Single use ¥15,000 /night [] Number of roor									
		Double use (sl	haring) ¥20,000) /night	[] N	lumber of	rooms				
		Γriple use (ext	ra bed) ¥27,000) /night	1]	Number of	rooms				
TOTAL AMOUNT											
All payments shall be made in Japanese Yen (JPY) by bank transfer.											
All currency exchange charges and bank fees are the responsibility of the remitter.											
TOTAL AMOUNT [] JPY											
ARRIVAL — DEPARTURE*											
	Arrival De	etails		Departure Details							
	at New C	hitose Airport		from New Chitose Airport							
Origin Airport											
Airline											
Flight No.											
Date											
Time											

Inquiry for the Registration of Symposium

The Organizing Committee of the 4th APG Symposium and 9th EADC (JCOLD)

Ningyo-cho Sun City Bldg. 2F., 1-2-7, Nihonbash-Ningyo-cho, Chuo-ku, Tokyo, 103-0013, Japan

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