

REGISTRATION FORM

FAX:81-3-5563-4887 (International) 03-5563-4887 (Domestic)

Your Profile: Please print or type.

日本の方は、日英両言語で併記ください。

REDUCED REGISTRATION : 15th September, 2000

Name	Mr. Ms.	(ふりがな) 氏 名	
Phone		Fax	
E-mail address			
Institute			
組 織 名			
Department & Title			
所 属 ・ 役 職			
Mailing address	(city/state) (postal code) (country)		
住 所	〒 □□□-□□□□		

You will apply for (please check in the boxes)

Registration Fees	By September 15, 2000	After September 16, 2000
Standard	¥ 30,000	¥ 35,000
Academic	¥ 15,000	¥ 20,000
Student	¥ 10,000	¥ 15,000
Banquet	¥ 10,000	¥ 15,000
TOTAL	¥	

You will pay /Bank Transfer or by Credit Card (please check in the boxes)

	To	Bank Transfer	Bank of Tokyo - Mitsubishi, Roppongi Branch, Tokyo : Account No. 1249431 International Workshop, Advanced Genomics 東京三菱銀行 六本木支店 口座番号 : 1249431 (普通) 国際ゲノム会議
	From	銀行名 (Bank Name)	
		支店名 (Branch Name)	
		口座名義 (Account Name)	
		予定日 (Transfer Date)	
	By Credit Card Visa Card or Master Card		
	Credit Card Number		
	Expiration Date		
	Signature		