1st IPTA CONGRESS, JULY 1st & 2nd, 2006
REGISTRATION FORM

Please fill ths form in (type, or BLOCK LETTERS) and send by FAX to +81-266-27-7936
or by postal mail to 6525-1 Shimosuwa, Suwagun, Nagano, Japan 393-0093

Please remember to include your bank transfer form, as detailed on page 5 of the First Announcement

Name: ❑Mr ❑Mrs ❑Ms ❑Dr ❑Prof

Tick as appropriate

. . . . . .

First *Middle* *Last*

Address & Contact details:

Street . . . . . .

City *County or State* . . . . . .

Country *Postal code or Zip code* . . . . . .

Telephone *FAX* . . . . . .
(Include country & Area Codes)

E-mail address . . . . . .

I wish to register for the 1st IPTA Congress as follows:
Please see Page 5 of the Fist Announcement for payment instructions

Participant [. . . .] at ¥12,000 each Resident [. . . .] At ¥10,000 each
No. required *No. required*

Accompanying person [. . . .] at ¥5,000 each
No. required

TOTAL: ¥ . . . . . .

I have transferred the above amount as per the payment instructions on
(enter date) **2006,**
and I enclose a copy of the bank transfer form herewith

. . . . . .
Signature

. 2006
Date

Continue over for the Abstract Submission Form