

BIO-ROBOTICS II

Southern Osaka Industrial Promotion Center, Sakai, Osaka, Japan
November 25-26, 2000

Deadline : September 29, 2000

Registration Form

Please type or fill out in block letters and send this form to BIO-ROBOTICS II secretariat:

Dr. Mitsuji Monta
Faculty of Agriculture, Okayama University
1-1-1 Tsushima-naka, Okayama 700-8530, JAPAN
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E-mail : monta@ccews2.cc.okayama-u.ac.jp

Reg. No. _____

I. Workshop

1. Participant Name (Check one) Prof. Dr. Mr. Ms.

(Family Name)

(Given Name)

(Middle Name)

2. Affiliation (University, Company, etc.)

3. Title / Position

4. Mailing Address (Check) Office Home

City : _____ State / Province: _____

Zip Code : _____ Country : _____

Tel : _____ Fax : _____

E-mail : _____

5. Name(s) of Accompanying Person(s)

Mr. Ms. (Check) _____
(Family Name) (Given Name) (Middle Name)

Mr. Ms. (Check) _____
(Family Name) (Given Name) (Middle Name)

6. Registration Fee

Categories	On or before 31 August, 2000	After September 1, 2000
Participants from developed countries	<input type="checkbox"/> ¥40,000	<input type="checkbox"/> ¥45,000
Participants from developing countries	<input type="checkbox"/> ¥20,000	
Students	<input type="checkbox"/> ¥20,000	
Accompanying person (family members)	<input type="checkbox"/> ¥10,000 x () person(s)	

Total : ¥ _____ (1)

Continued on the following page.

Participant Name : _____

II. Hotel Reservation

Room Type : Single (¥10,500 per person) : () room(s) x () night(s)

Twin (¥18,000 per room) : () room(s) x () night(s)

Period of Stay : Check-in _____ Check-out _____

* Breakfast, tax and service charge are included.

Total : ¥ _____ (2)

Advance registration (On or before 31 August, 2000) only

I would like to use Gift Coupon (See the second announcement and call for papers, page 4 or the workshop home page).

Deduction : - ¥10,500 for single room, - ¥18,000 for twin room

Total : ¥ _____ (3)

III. Method of Payment

Grand Total : (1) + (2) or (1) + (3) = ¥ _____

* Please check the method and fill in the blanks as possible.

Bank transfer

I have remitted the above sum of ¥ _____ by bank transfer by the name of

_____ (your name) through

my bank _____ (name of your bank) to :

Name of Bank : Sanwa Bank Ltd., Komyoike Branch

Account No. : 5037034, Account Name : BIORBOTICS

*Please enclose a copy of your bank's receipt with this form to avoid the possible confusion.

Credit card VISA Master Card

Card No. : _____ Expiration Date : _____ (month) / _____ (Year)

Name of the card holder (Please print) : _____

Signature : _____ **Date :** _____