

Registration Form

(Please complete one form per person in English)



Personal information			
Prefix		Date of Birth	Day Month Year
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other			
First Name		Last Name	
Name as it appears on passport			
Company			
Invoice Address	<input type="checkbox"/> Home <input type="checkbox"/> Company		
Street Address and City		County / State / Prov	Post / Zip Code
Country		Email Address	
Telephone		FAX	
Mobile phone			
Room preference			
<input type="checkbox"/> Double bed (Double bed available only in Tokyo. Kyoto will be twin beds.) <input type="checkbox"/> Twin beds		<input type="checkbox"/> Non-smoking <input type="checkbox"/> Smoking	
If you share a room with a companion, please indicate his or her name here. (Please send registration form together)			
Emergency contact information			
Please indicate who we should contact in an emergency		Relationship to you	
Telephone		Email Address	
Does he or she speak English?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shirt Size		<input type="checkbox"/> XSm <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> XXL	
Do you speak English		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Travel itinerary**Congress: Sunday 10th October to Saturday****16th October**

Your arrival date	Day Month 2010	Your arrival time	
Airline		Flight No	
Your departure date	Day Month 2010	Your departure time	
Airline		Flight No	

Notes & comments	Office use only	
	Date registration received	/ /
	Date invoice sent	/ /
	Date payment received	/ /
	Date entered on Eventmaster	/ /
	Date confirmation sent	/ /