Registration form

Dead line: October 13, 2012

## SSS'12 Advanced Registration Form

E-mail or Fax to: Tomonori IZUMI, SSS'12 Secretary, E-mail: sss12@sci-sss.org, Fax: +81-3-5481-5844

Corresponding Address										
Note: The proceeding CD-ROM(s) will be sent to the corresponding address. If you have a specific request on the delivering of CD-ROM(s), please give details.										
Title		(If you are a resident in Japan, please give you	r Address (and Name) also in Japanese)							
Name										
Address										
Phone										
FAX										
E-mail										
Registratio	ons									
Registrants	Title Name	Affiliation	Type of registration							
1										
3										
4										
5										
		Subtotal of	registrations: JPY							
Options										
Note: One proceeding	gs CD-ROM and one banquet ticket are included in Full Registration. Optional Proceedings CD-ROM	5,000JPY each X Quantity:	= JPY							
	Optional Banquet Ticket	6,000JPY each X Quantity:	= JPY							
		Subto	al of options: JPY							
			TOTAL: JPY							
Lunch (no	charge)	NO								
Do you nee	d Bento lunch boxes? Nov/01 YES	Nov/02 YES								
To particip	ants of banquet and guests of hotels:									
Do you have	any food restrictions? YES	, please detail your restriction)								
Payment	ayment method Bank Transfer		VISA							
	ayment method Bank Transfer ollowing blanks (bank information);	Paypal	VISA							
	ount of remittance	Y9L								
	nitter (or paypal account id)									
Completed of	expected date of remittance									
Please fill in the fo	ollowing blanks (VISA card information):									
	rdholder's Name									
	Credit Card No.	/								
		· · · ·								
(MEMO)										

Sample

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Corresp	pondin	g Address										
Note: The If yo	proceeding u have a sp	g CD-ROM(s) will be sent to pecific request on the delive	the corresponding address. ring of CD-ROM(s), please give	details.								
Title	Prof.				(If y	ou are a resid	lent in Japan, ple	ase qive your A	ddress (and Nan	ne) also in Japanese)		
Name	Taro Kokush	ikan				(If you are a resident in Japan, please give your Address (and Name) also in Japanese) 国士館 太郎						
Address	Department 4-28-1 Setag	nent of Computer and Systems Engineering, Kokushikan University etagaya, Sategaya City, TOKYO 154-0017 JAPAN				154-0017 東京都世田谷市世田谷4-28-1 国土舘大学 情報システム工学科						
Phone	+81-88-592-											
FAX	+81-88-592-	YYYY										
E-mail	aaa@bbb.c	<u>com</u>										
Registra	ations											
Registrant	-		Name		Affil	ation			Type of registration			
1	Prof		Kokushikan			n University			Full Reg.(member): 21,000JPY			
2	Mr.	Ichiro	Kokushikan		Kokushika	n University			Student Reg.: 5,000JPY			
3												
4												
5												
Options	÷						:	Subtotal of reg	istrations:	26,000	JPY	
Note: One proc	eedings CD-	ROM and one banquet ticket are Optional Procee			5,000JPY each	х	Quantity:	1	=	5,000	JPY	
		Optional Bar			6,000JPY each	x	Quantity:	1	-	6,000	JPY	
								Subtotal d	TOTAL:	37,000	JPY	
Lunch ( Do you		ITGE) Into lunch boxes? Nov	x NO Y/01 YES	Nov/02	NO X YES							
To parti	cipant	s of banquet and	d guests of hotels:									
Do you have			X NO					_				
Do you have	any lood		YES					(if YES, pl	ease detail your	restriction)		
Paymen	nt											
Check your p	payment n	nethod	Bank Transfer		X Pay	pal			VISA			
Please fill in	the following	ng blanks (bank informatio	n):	29	000			JPY				
Amount of remittance 38000								JF1				
Name of remitter (or paypal account id)         Taro KoKushikan (aaa@bbb.com)           Completed of expected date of remittance         Oct/10/2012												
Complete								1				
Please fill in	the followi	ng blanks (VISA card infor	mation).									
		der's Name	nation).					1				
	Credit	Card No.										
Expiration Date (month/year) /								]				
0.4Pt 10.												
(MEMO) This is a	sample sh	leet.										