Deadline for early registration: **September 12, 2003**

Registration & Application form **IGTC'03 Tokyo** November 2 - 7, 2003

Please return this Application Form by airmail or fax.

Return this IGTC2003 Desk TEL: +81-3-3581-2751 Nippon Travel Agency Co., Ltd., Event & Convention Sales Division FAX: +81-3-3581-2875 Form to: 9th Fl. New Shimbashi Bldg., E-mail: mcs center@nta.co.jp 2-16-1 Shimbashi, Minato-ku, Tokyo 105-0004, Japan **APPLICANT:** □ Prof. □ Dr. □ Mr. □ Ms. *Please Print or write in block letters First (e.g. John) family (e.g. WOOD) middle (e.g. A.) Your name: Affiliation: (e.g. NTA University, Dep. of Eng.) Address: Zip Code: Country: Phone: Fax: F-mail: Spouse name (if attend) (e.g. WOOD, Nancy T.) A. REGISTRATION Remitted by Sep.12 Remitted after Sep.13 or On-site □ JPY50,000 Speakers Not available Members ■ JPY50,000 ■ JPY55,000 Non-members ■ JPY60,000 ☐ JPY65,000 **□** JPY15,000 Students Sub Total(A): **JPY B. HOTEL ACCOMMODATIONS** 1st Choice: (Code 2nd Choice: (Code Choose hotel from the hotel list Hotel name: Hotel name: (Handling Charge: JPY500 per booking) Room Type: ■ Single ■ Twin (Sharing Person Check-in date: Check-out date: Number of night(s) Sub Total(B): JPY + handling chare JPY500 **C. BANQUET & TOURS** Fare JPY 8,000 x person(s) = JPY☐ Banquet (Nov.5) at Tokyo Sea-Life Park ☐ Tour A (Nov.7): Visiting National Aerospace Laboratory & Ishikawajima-Harima JPY7,000 JPY7,000 Tour B (Nov.7): Visiting All Nippon Airways & The Tokyo Electric Power Co. **JPY** Your passport number: Sub Total(C): **Grand Total** (A)+(B)+(C): On the receipt of your application, Nippon Travel Agency will send you Confirmation & Invoice with the total amount due. Registration, and hotel and/or tour reservations are confirmed when hotel charges are paid in full. Credit card payments for hotel charges will be deducted in full by Nippon Travel Agency prior to check-in date. Regular hotel charges may apply to on-site payment at the hotel. PAYMENT: ☐ Credit Card: (☐ American Express ☐ Visa ☐ MasterCard ☐ Diners Club) Card Number: ________Valid thru: ______(month)/ (year) Card Holder: Date: Authorized Signature: ___ ■ Payment by bank transfer to:

Account No: 2981515

Account Name: Nippon Travel Agency

Bank Name: Sumitomo Mitsui Banking Corporation Hibiyadori Branch

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