

REGISTRATION FORM S (for selective registration)

EASEC-7, Kochi, Japan, 27-29 August 1999

The completed form should be mailed or faxed to the address below preferably not later than **31 July 1999**.

EASEC-7 Secretariat
Department of Infrastructure Systems Engineering
Kochi University of Technology
185 Miyanokuchi, Tosa-yamada
Kochi 782-8502, Japan
Fax: 81 887 57 2420 / Tel: 81 887 57 2415
E-mail: easec7@infra.kochi-tech.ac.jp

Please fill in your name as you would like it appeared on your name tag. Other information should be filled in only if it is missing or different from what you have earlier submitted and are now available on our website. If you have never contacted us before, please fill in all the details.

Name: (e.g. Prof Hiroshi Shima) _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Name of accompanying person: (e.g. Mrs Kathy Chiang) _____

(1) Registration fee: JPY10,000 (before 31 July) _____

JPY12,000 (after 31 July) _____

(2) Additional copy of the proceedings JPY10,000 _____ x JPY10,000 _____

(3) Party on 28 August JPY5,000 _____

(4) Site visit on 29 August JPY3,000 _____

(5) Pre- and post conference technical tour

TT1 - From Kansai Int'l Airport (KIX) to KUT (26 Aug.) JPY5,000 _____

TT2-1 - From KUT to KIX (30 Aug.) JPY5,000 _____

TT2-2 - From KUT to Osaka (30 Aug.) JPY5,000 _____

(6) Lunch - please circle the dates you wish to have lunch provided at the campus cafeteria: August 27, 28, 29. Total _____ days.

Lunch JPY500 _____ days x JPY500 _____

Total amount (in Japanese Yen) _____

Method of payment (in Japanese Yen)

() Bank transfer (**Important:** Please make sure that you have paid for the bank handling fee so that the amount of money EASEC-7 Secretariat will receive is net and equal to the "Total amount" above. Attach a copy of the transfer slip with this form.)

Account name: EASEC-7
Account No. 0462741 (ordinary)
Bank name: Shikoku Bank, Yamada Branch, Japan

Payment by credit card () Visa () Master

Card No. _____ Holder's name: _____ Good thru: _____

Signature: _____ Date: _____

Refund: Cancellation should be made in writing to the Secretariat not later than 31 July. No refund will be made after this date.