

2003 ICEP REGISTRATION

Deadline for Early Registration : March 20, 2003

Please address to:

Secretariat of 2003 ICEP

IMAPS Japan / JIEP

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2003 ICEP 組織委員会

社団法人 エレクトロニクス実装学会

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Tel : 03-5310-2010, Fax : 03-5310-2011

E-mail icep@jiep.or.jp (国内の方はこちらをお願いします)

(Please type or print in block letters, check the appropriate boxes below)

(Date) _____ : _____ · 2003

1. Full Name (日本国内の方は日本語と英語の両方を記入してください)

(Check) Prof. Dr. Mr. Ms. / Speaker Chairperson Committee
(日本語)

(First Name)

(Last Name)

If you are an IEEE / IMAPS / JIEP member, please fill out your membership No. bellow.

IEEE / IMAPS / JIEP No. : _____ Non-Member

2. Company / Institution (日本国内の方は日本語と英語の両方を記入してください,部門名は日本語のみで結構です)
(日本語)

(Div./Dept)

3. Mailing Address (日本国内の方は日本語で記入してください)

(Check) Office Home

Tel. :

Fax. :

E-mail :

(Zip/Area Code)

(Country)

4. Registration Fees

Check	Category	Advance by March 20	At door	Contents
<input type="checkbox"/>	Member of IEEE / IMAPS / JIEP (Including Company Member of JIEP)	¥35,000	¥40,000	Including Reception and Proceedings (ウェルカムレセプションと 論文集を含む)
<input type="checkbox"/>	Speaker			
<input type="checkbox"/>	Non-Member	¥45,000	¥50,000	
<input type="checkbox"/>	Student	¥5,000		Including Proceedings
<input type="checkbox"/>	Accompanying Spouse	¥5,000		
<input type="checkbox"/>	Welcome Reception Only	¥8,000		
<input type="checkbox"/>	Extra Proceedings	¥10,000		

All payment should be made in Japanese Yen (¥). Other currencies can't be accepted.

Only the payment method described bellow will be acceptable. No personal check will be allowed.

5. Remittance

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

_____ (name of your bank) to account of

A/C Name: JIEP A/C Number: 0765463 Tokyo Mitsubishi Bank, Nishiogikubo Branch
[銀行名: 東京三菱銀行 西荻窪支店 口座番号: (普) 0765463 口座名: 正円]

A/C Name: JIEP A/C Number: 6851944 Sumitomo Mitsui Bank, Nishiogikubo Branch
[銀行名: 三井住友銀行 西荻窪支店 口座番号: (普) 6851944 口座名: 正円]

(Please enclose a copy of bank's receipt to avoid possible trouble)

Credit Card

VISA Card Master Card

Card No. : _____ - _____ - _____ Expiration Date : _____ / _____
(Month / Year)

Holder's Name : _____ Home Tel. Number : _____

Holder's Signature : _____ Date : _____