

**The 68th Annual Meeting of the
Japanese Orthodontic Society
Application Form for Pre-Registration**

Secretariat of 68th Annual Meeting of the Japanese Orthodontic Society

Fax: **+81-3-3597-1097** Phone: **+81-3-3597-1127**

E-mail: **jos-meeting@intergroup.co.jp**

c/o Inter Group Corp.Tanomon Takagi Bldg.,Nishi-shimbashi 1-7-2,Minato-ku,Tokyo 105-0003, JAPAN

*Please type or use block letters.

*This registration form should be sent to Secretariat either by FAX or e-mail attached.

1. Advance Registration

category	amount	check
Dentist	JPY11,000	
Postgraduate Student / Foreign Student studying in Japan	JPY6,000	
Staff (Represents staff members other than dentists)	JPY8,000	
	Registration Fee(A):	
Banquet on Nov 17	JPY5,000	
	Banquet Fee(B):	
	(A)+(B) Total:	

2. Participant

*	Title	Prof.	Dr.	Mr.	Ms.
*	Last Name				
*	First Name				
	Middle Name				
	Nationality				
*	Affiliation				
	Dept., Section				

***3. Mailing Address**

*	Mailing Address	Office	Home
*	Address		
*	Bldg.		
*	Postal Code	Country	
*	Phone	Fax	
*	E-mail		

4. Payment

CREDIT CARD

I authorize to charge the above amount to the following credit card.

VISA Master Card Diners JCB

Card Holder's Name (as printed on the card): _____

Card Number: _____ Expiration Date: _____(month)/ _____(year)

Date: _____ Signature: _____

***After Secretariat confirms your registration with the payment, a confirmation sheet for your registration will be e-mailed or faxed to you. Please bring it with you at the venue.**