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c/o Inter Group Corp. 2-2-12, Akasaka, Minato-ku, Tokyo 107-0052, Japan

\*Please type or use block letters.

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

**1. Pre-Registration (Pre-registration is for JOS members, Presenters only.)**

category	amount	check
<input type="checkbox"/> Dentist	<input type="checkbox"/> JPY11,000	
<input type="checkbox"/> Postgraduate Student/ Foreign Student studying in Japan	<input type="checkbox"/> JPY6,000	
<input type="checkbox"/> Staff (Represents staff members other than dentists)	<input type="checkbox"/> JPY8,000	
	Registration Fee (A):	
<input type="checkbox"/> Banquet on Nov 17	<input type="checkbox"/> 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.