



Sixth International Symposium on Meniere's Disease and Inner Ear Disorders

Form A

Registration and Social Programs Application Form

Please send this form to:

Sixth International Symposium on
Meniere's Disease and Inner Ear Disorders
c/o AC Planning, 406 Murakami-cho, Fushimi-ku, Kyoto 612-8369, Japan
Fax: +81-75-603-3816, E-mail: meniere2010@acplan.jp

Secretariat use only
Date rcvd _____
Reg. no. _____
Abs. no. _____

Title: Prof. Dr. Mr. Ms.

Name: _____
Family name Given name

Affiliation: _____

Mailing address: Office Home

City Zip code Country

Tel: _____ Fax: _____ E-mail: _____

Name of accompanying person(s):

Prof. Dr. _____ Prof. Dr. _____
Mr. Ms. _____ Mr. Ms. _____

Registration

Unit: JPY

Category	Before August 31, 2010	After August 31, 2010	No. of persons	Amount
Participant	¥ 60,000	¥ 80,000	1	¥ _____ a)
Resident / Student	¥ 30,000	¥ 40,000	1	¥ _____ b)
Accompanying Person	¥ 10,000		_____	¥ _____ c)

Social Programs

	Date	Fee	No. of persons	Amount
Get Together	Nov. 14 (Sun)	invited	_____	invited
Banquet	Nov. 16 (Tue)	¥ 10,000	_____	¥ _____ d)
Farewell Party & Private Illuminated Visitation of Kiyomizu Temple	Nov. 17 (Wed)	¥ 8,000	_____	¥ _____ e)
	Optional Kimono Experience: ¥ 3,000		_____	¥ _____ f)
Total Amount of a) to f)				¥ _____

Resident/Student are requested to send a copy of their ID or the signature of their official supervisor at their university or academic institute via Fax.

Approved by: _____ Date: _____
signature name in block letter

Remittance

Bank transfer

Bank: Bank of Tokyo-Mitsubishi UFJ, Fushimi Branch
Account Name: Sixth Meniere Disease Symposium Account No.: 0041659

Please indicate a remitter's name if it is different from a registrant's.: _____

Credit Card (Payment will be made in Japanese Yen.)

VISA MasterCard

Card no.: _____

Card holder's name: _____ Expiration date: _____

Date: _____ **Signature:** _____