**[Appendix 1] REGISTRATION FORM**

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| --- | --- |
| Name (Surname and first name) |  |
| E-mail address |  |
| Organization (Affiliation) |  |
| Postal address |  |
| Telephone / Facsimile | Tel: / Fax:  |
| Accompanying person’s name(if you have) |  |
| Presentation | Please indicate your choice I want to attend the workshop on line ( ) or on site ( )( ) I want to present an oral paper ( ) I want to present an poster paper ( ) I wish to attend the workshop without making a presentationPresentation title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred presentation session:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any comments if you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Hotel | Please indicate your choice1. Hotel type: A type ( ), B type ( ) 2. If you want to share the room, please give name of roommate:- Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.3. Standard room booking is 4 nights from Sep. 19th (Mon.). If you have different plan, please describe the arrival and departure date: - Arrival (check-in) date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Depart (check-out) date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |