ACCM-6, 23-26 September 2008, Kumamoto

For Overseas

Name and Address (Please complete in printing character)

Prof.		or. Mr.			Mrs.			Ms.	
Name Last (Family Name)				Middle names Initials)			First		
Organization/ Affiliation					E-mail				
Address							City		
State / Province		Country					Zip Code / Postal Cod	е	
Phone					Fax				
If you are presenting, please provide us with your reference #(ex.o-xxx, p-xxx).									

Registration Fee (in Japanese Yen)

	On or Before June 30 th 2008	From July 1 st 2008 To August 29 th 2008	Quantity	Total	
Overseas*	43,000 Japanese Yen	55,000 Japanese Yen			
Student**	25,000 Jap	anese Yen			
Justification of special rate (for Student Registration)	Name and e-mail of acad	emic supervisor	Attach a copy of Student ID***		
Extra Banquet (Sep.26) Ticket (for Student)	10,000 Jap	10,000 Japanese Yen			
Accompanying Person(s)*****	12,000 Jap	12,000 Japanese Yen			
Extra page charge	5,000 Japane	ese Yen/page			
Additional Proceedings	10,000 Jap	anese Yen			
	Total amount (Japanese Ye	n)			

^{*} Overseas includes all sessions and functions, including Proceedings, Conference Tour & Banquet, lunches Wed.-Fri., and

Note: Paper without complete registration of author will neither be listed in the conference Program, nor be published in the Proceedings.

Payment

Credit Card:

Note: All credit card payments will be charged in Japanese Yen. Your credit card company or bank will convert the language Van charges to your local currency at the proveiling rate

Japanese Ten Charges to your local currency at the prevailing rate.								
Credit card	Visa	Master Card	Name on Card					
Card Number			Expiry Date	(mm/yy)				
I authorize JSMS to charge total payment fee (as indicated on this form) to my credit card.								
Cardholder Signa	ture:	Date(dd/mm/yy):						
Any cancellation must be notified to the ACCM-6 Secretariat in writing to accm6@jsms.jp. Refund of the registration fee will be made after deducation of remittance charges, Paper Deposit and other fees: On or before 30 July 2008 – 50%; on or before 31 August 2008 – 25%; after 1 September 2008 – no refund.								
Signature : Date:								
Note: The file name shall be initiated by your family name and reference # such as "registration, okubo, n-xxx". This is								

Note: The file name shall be initiated by your family name and reference #, such as "registration_okubo_p-xxx". This is important to help our staff to identify your payment.

Send the signed form to Secretariat of ACCM-6 by both fax at +81-75-761-5325 and e-mail at accm6@jsms.jp The Society of Materials Science, Japan

1-101 Yoshida, Izumidono-cho, Sakyo-ku, Kyoto, 606-8301, Japan

^{**} Student rate does not include Banquet. Name and e-mail address of academic supervisor must be provided.
*** Student ID or certificate written in English and signed by administration office should be accompanied.
**** Accompanying person includes Conference Tour and Banquet.