

**Application form for the Registration**  
 9<sup>th</sup> International Conference on Accelerator Mass Spectrometry  
 September 9-13, 2002, Nagoya, Japan

Please send this form to: Registration office of AMS-9  
 C/o JTB Event & Convention Service (JECS)  
 6F Kotsu Bldg., 3-13-26 Meieki, Nakamura-ward, Nagoya 450-0002 JAPAN  
 Phone: +81-52-541-2521 Fax: +81-52-541-2520 E-mail: jtbecs@cjn.or.jp

Please type or print in block letters, one sheet for each register.

<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
Name: (Family)	(First)	(Middle)
Affiliation:		
Department, Organization:		
Preferred name on the name badge (within 16 letters):		
Preferred affiliation on the name badge (within 18 letters):		
Mailing Address: <input type="checkbox"/> Office <input type="checkbox"/> Home		
Zip Code:	Country:	E-mail:
Phone: +	Fax: +	
Accompanying Person: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Family Name (totally _____ persons) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Family Name		First Name First Name

**Registration Fee (If you are a student, please attach a copy of your student ID)**

Category	By May 31, 2002	Starting June 1, 2002	Workshop I	Workshop II	Amount to be paid
Full delegate	<input type="checkbox"/> 45,000 Yen	<input type="checkbox"/> 55,000 Yen	<input type="checkbox"/> 1,000 Yen	<input type="checkbox"/> 1,000 Yen	(1) Yen
Student delegate	<input type="checkbox"/> 35,000 Yen	<input type="checkbox"/> 40,000 Yen	<input type="checkbox"/> 1,000 Yen	<input type="checkbox"/> 1,000 Yen	
Accompanying person	<input type="checkbox"/> 15,000 Yen x _____ Persons		0 Yen	0 Yen	(2) Yen

Total (-A) \_\_\_\_\_ Yen(1+2)

**Method of Payment**

Bank Transfer Please attach the receipt.  
 I transferred above amount on \_\_\_\_\_ (Date)  
 through \_\_\_\_\_ (Name of Bank) to following account in Japanese Yen.  
Name of Bank: UFJ Bank Ltd., Nagoya Ekimae Branch  
 Name of Account: JECS    Account No. : 1680702

Payment by Credit Card  
 American Express     Diners     Visa     Master Card

Card No.: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Signature: \_\_\_\_\_

NOTE: 1. No personal checks will be accepted. 2. All payments must be in Japanese Yen.

Contents are correct in this form: YES SIGNATURE: _____	DATE: _____
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