



REGISTRATION FORM

Participant

Family Name Mr/Ms/Dr/Prof	First Name
Organization	
Mailing Address	
Country	E-mail
Tel	Fax

Accompanying Person

Family Name	First Name
-------------	------------

Symposium Package (See the 2nd Announcement)

	No. of persons	Fee per Person (Japanese Yen)		Total
		Until 30 June	After 30 June	
Participants	-twin room *	70,000	80,000	
	-single room	80,000	90,000	
Accompanying Person	-twin room *	60,000	70,000	
	-single room	70,000	80,000	
Extra night 8/9 Sept 2001	-twin room *	8,800		
	-single room	9,900		
			Total (Yen)	

* Name of the perspn who will share the room	
--	--

Payment (Please tick either of the following)

<input type="checkbox"/> A payment of Yen _____ has been trasferred to the following account: ACCOUNT NAME: SHIFTWORK 2001 KAZUKO MORI BANK: THE SUMITOMO BANK LTD., SEIJO BRANCH ACCOUNT NO.: 1369680 (The address of the Bank is: 2-34-14, Seijo, Setagaya-ku,Tokyo 157-0066, Japan)	
<input type="checkbox"/> Please charge my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (Other kinds of credit cards)	
Cardholder's Name _____	
Credit Card No. _____	Valid Through _____ / _____
Total Amount in Yen _____	
Date _____ / _____ / _____	Signature _____

※ Please send this form to:

XVth International Symposium on Night and Shiftwork

c/o The Institute for Science of Labour, 2-8-14, Sugao, Miyamae-ku,
Kawasaki 216-8501, Japan Fax: +81-44-976-8659

※ Do not forget to take and keep a copy of this form for your own record!

※ The deadline for the regstration is 10 August 2001.