

Please send this form to sss20@sci-sss.org by October 8, 2020

SSS'20 Registration Form

Corresponding Address

| | |
|---------|--|
| Prefix | |
| Name | |
| Address | |
| Phone | |
| FAX | |
| E-mail | |

(If you are a resident in Japan, please also fill in your Name and Address in Japanese below.)

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Registrations

| Registrants | Prefix | Name | Affiliation | Email | Physically attending conference | Registration Category | Fee |
|-------------|--------|------|-------------|-------|---------------------------------|-----------------------|-----|
| 1 | | | | | | | JPY |
| 2 | | | | | | | JPY |
| 3 | | | | | | | JPY |
| 4 | | | | | | | JPY |
| 5 | | | | | | | JPY |

TOTAL: JPY

Important! The above registration information will be provided to authorities related to COVID-19 if necessary. We appreciate your understanding.

重要! COVID-19の感染拡大防止等に協力するため、状況に応じて関係諸機関に上記の参加登録情報を伝えることがあります。予めご了承下さい。

Payment

Select your payment method

Please fill in the following blanks (if you selected Bank Transfer):

| | | |
|-------------------------------|----------------------|-----|
| Amount of remittance | <input type="text"/> | JPY |
| Name of remitter | <input type="text"/> | |
| (Expected) date of remittance | <input type="text"/> | |

Please fill in the following blanks (if you selected VISA):

| | |
|------------------------------|----------------------|
| Amount of payment | <input type="text"/> |
| Cardholder's Name | <input type="text"/> |
| Credit Card No. | <input type="text"/> |
| Expiration Date (month/year) | <input type="text"/> |

In this case for secure reason, this form should be send to SSS'20 secretariat via FAX (+81-6-6879-7871)

(MEMO)

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