

To: Center for AIDS Research, Kumamoto University
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Registration Form for 11th Kumamoto AIDS Seminar

※All the fields are required to fill in

Name			
Affiliation (incl. Division, etc.)		Title (Year if student)	
Address of Affiliation			
Phone		FAX	
e-mail			
Abstract Submission (Circle either one)	Yes	No	
Travel Award (Circle either one)	Yes	No	
Participation in Reception	Yes	No	

※ Please pay the fee at the reception desk on the day if you participate in the reception.
 We will inform you of the amount of money later.