

To: 15th KUMAMOTO AIDS Seminar Office
 e-mail: cark@kumamoto-u.ac.jp

Registration Form for 15th KUMAMOTO AIDS Seminar

※All the fields are required to fill in

Name			
Affiliation (incl. Division, etc)			
Position (job title / academic year)			
Address of Affiliation			
Phone		FAX	
e-mail address			
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.