**To: 16th KUMAMOTO AIDS Seminar Office**

**e-mail: cark@kumamoto-u.ac.jp**

**Registration Form for 16th 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.