**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.