

EAROPH2015 Regional Seminar in JAPAN June 1 (Mon)~June 3 (Wed) 2015 Uresino City/ Saga Prefecture

REGISTRATION FORM

| Name: (First Name) | (Middle Name) | | (Family Name) | | | | |
|--|--------------------------------|------------------------|-----------------------|---------------------|---------|--|--|
| Title: Mr.O Mrs.O Dr.O Prof.O Other.O | Participation : Audience | e Participation Spea | ıker EARC | OPH Membership No. | | | |
| Organization: (Name) (Position) | | | | | | | |
| Postal Address: | | | | | | | |
| Email Address and Fax No. : Fax | | | | | | | |
| Name of accompanying persons (if any): | | | | | | | |
| Each participant must complete a separate Form. Use a c | opy for additional persons. | | | | | | |
| Registration Fees | | | | | | | |
| Program | | EAROPH Member | Non-Member | Accompanying Person | Student | | |
| (1) Fee for Seminar (Tuesday lunch included and (2)(3)(4) are excluded) | | 75USD | 90USD | 45USD | 20USD | | |
| (2) Welcome Reception (Monday at Wataya Bessou) | | 45USD | 45USD | 45USD | 20USD | | |
| (3) Site visit at Local Tea Industries in Ureshino (Lunch included) | | 10USD | 10USD | 10USD | 10USD | | |
| (4) Optional Tour (Lunch included) | | 35USD | 35USD | 35USD | 35USD | | |
| Total Amount | | | | | | | |
| Please check at O which you participate and fill the to | tal amount. | l | | | | | |
| D | | | | | | | |
| Payment O MICA O | ICD A | CD. | | | | | |
| Credit Card : O VISA O MasterCard O Card Holder : | JCB Amount o | f Payment: | | | | | |
| Card Number: | Evnin | red Date: | | | | | |
| Date: Signatu | | ed Bate . | | | | | |
| Due : Signate | | | | | | | |
| Cancellation | | | | | | | |
| For Cancellation made before April $30^{\rm th}2015$: The real After above date : No fees are refunded. | egistration fees will be reimb | oursed with minus 20US | SD for administration | on costs. | | | |
| Hotel When you have booked or you are going to res | serve, please fill the below. | | | | | | |
| Hotel Name: | Check | In: | Check Out: | | | | |
| | | | | | | | |
| I accept the terms and conditions concerni | ing registration and c | cancellation as sta | ated on this Fo | orm. | | | |
| | | | Name: Signature: | | | | |

Please return this Registration Form by Postal Mail or Fax to the Secretariat.

Secretariat of EAROPH 2015 Regional Seminar in JAPAN (Ureshino/Saga)

Shiota-Cho, Ureshino-Shi, Saga, JAPAN 849-1492

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URL: http://www.city.ureshino.lg.jp