



Registration Form

The 52nd-2009 JAPAN TAPPI Annual Meeting

7-9 October, 2009

Miyagi Exhibition Center & Sendai Port International Business Support Center(Accel), Sendai City

Name	
Position	
Company	
Address	
E-mail	
Telephone	Fax

I wish to attend the JAPAN TAPPI Annual Meeting on (please tick appropriate box)

Full Registration (Both Days)

Welcome Function only (Day 2 evening)

Total Fee (see general information)

Please complete the details above and send to:

Naomi Izawa, JAPAN TAPPI, 9-11 Ginza 3-chome, Chuo-ku, Tokyo 104-8139, Japan

Tel: +81-3-3248-4841 Fax: +81-3-3248-4843 e.mail: izawa@japantappi.org

Payment Options

Enclosed a bank draft payable to JAPAN TAPPI

Credit Card __VISA __Master

Card No.: _____ Exp. Date: _____

Name of Cardholder: _____

Cardholder's signature: _____

Remitted the total fee on (date) _____ by bank transfer to the following bank:

Name of Bank : Mizuho Bank, Ginza-chuo Branch

SWIFT BIC : MHBKJPJT

Account No. : 125-1139903

Account Name: JAPAN TAPPI

*** Please indicate your name on the remittance*

Signature Date: _____ Signature: _____