10th International Symposium on Therapeutic Ultrasound 2010
Registration Form

Fax No. +81-3-5256-1588

Columns with ** must be fill in the blank (Official Use)

A. DELEGATE INFORMATION Please fill in BLOCK LETTER!
Please fill in one registration form per deligate.

- Title
  - Prof.
  - Dr.
  - Mr.
  - Ms.

- Last Name
- First Name
- Middle Name

- Company/Organization

- Department/Section

- Mailing Address
  - Office
  - Home

- Address

- Zip Code
  - Country

- City
  - State/Province/Prefecture

- Phone
- Fax
- E-mail

B. ACCOMPANYING PERSON INFORMATION

- Title
  - Prof.
  - Dr.
  - Mr.
  - Ms.

- Last Name
- First Name
- Middle Name

C. FULL REGISTRATION
Please check the appropriate box. (All prices in Japanese Yen)

<table>
<thead>
<tr>
<th>Category</th>
<th><em>Member of ISTU</em></th>
<th>Non-Member</th>
<th><strong>Students (member of ISTU)</strong></th>
<th><strong>Students (non member of ISTU)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Early registration (Before April 27, 2010)</td>
<td>☐ 50,000 JPY</td>
<td>☐ 65,000 JPY</td>
<td>☐ 27,500 JPY</td>
<td>☐ 30,000 JPY</td>
</tr>
<tr>
<td>Registration (After April 28, 2010)</td>
<td>☐ 60,000 JPY</td>
<td>☐ 75,000 JPY</td>
<td>☐ 32,500 JPY</td>
<td>☐ 35,000 JPY</td>
</tr>
<tr>
<td>Banquet</td>
<td>☐ Attend</td>
<td>☐ NOT Attend</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- *Member of ISTU* has to be who paid the membership fee of this year through ISTU Web-site (http://www.istu.org/) before this registration.

- **Student Registration**
  Please email or fax the following documents which apply to the ISTU10 Desk at Fax: +81-3-5256-1588, E-mail: istu10-gbm@or.knt.co.jp
  Documents: Student certificate issued by their university.
  Please note that the registration will not be processed as 'student registration' without receiving these documents.

- Accompanying Person registration
  Banquet expense 10,000 JPY will be charged to an accompanying person.

<table>
<thead>
<tr>
<th>Category</th>
<th>Accompanying Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banquet</td>
<td>☐ 10,000 JPY</td>
</tr>
</tbody>
</table>

D. PAYMENT

Total Amount To be Paid: ¥ [_________] JPY

- Bank Transfer
  (Any handling charge must be settled by the participants)
  I have remitted the above amount to the following bank on ________ (date) through ________ (Bank)
  SWIFT Code (Routing No.) SMBCJPJT
  Sumitomo Mitsui Banking Corporation Suzuran Branch No. 6103473
  Kinki Nippon Tourist Co., Ltd.

- Credit Card
  (I authorize Kinki Nippon Tourist Co., Ltd. to charge the above amount to the following credit card)
  ☐ VISA ☐ Master ☐ American Express ☐ Diners ☐ JCB
  Card Holder's Name: ________________________________
  Card Number: ________________-______________-______________
  Good Through: ________ (Month) ________ (Year)
  Date: _________________ Signature: ______________ Signature: ___________________