

SAINT2004 Registration Form

Please send this form by fax(+81-3-5468-0557)

Areas marked with an * are required for registration

Title: *	Prof.	Dr.	Mr.	Ms.
Name:	Family name*			
	First name*			
	Middle name			
Affiliation: *				

Are you an author of the SAINT2004? *	Yes	No
If Yes, please write the Paper ID. (Full/Short Paper)and/or Workshop#(Workshop paper).	Paper ID/Workshop#:	

Address*	Home	Office
Bldg		
Street		
City, State or Province*		
Zip or Postal Code*		
Country*		
Phone*		
Fax		
E-mail*		

Conference Registration*

Conference Registration Fee	Advanced (Before/on JAN 6 2004)				
IEEE/IEEE-CS/IPSJ/IEICE Member	Member of: *				JPY 58,000
	IEEE	IEEE-CS	IPSJ	IEICE	
	Member ID				
Non-Member	JPY 73,000				
Student	JPY 40,000				

Tutorial Registration

Title of Tutorial	Check for registration		
Tutorial #1 Jan.27(Tue) 9:00-12:30 (in English)	IP-Oriented QoS in the Next Generation Networks: application to wireless networks		
	not participate	member(JPY6,000)	Non-member(JPY8,000)
Tutorial #2 Jan.27(Tue) 13:30-17:00 (in Japanese)	802.11 Security --- Past, Today, and the Future ---		
	not participate	member(JPY6,000)	Non-member(JPY8,000)

Hotel Accommodation

Hotel Accommodation			
Number of rooms:	Ariake Washington Hotel	Single	Room(s)
		Single use(Double)	Room(s)
		Single use(Twin)	Room(s)
		Twin	Room(s)
	Hotel Nikko Tokyo	Single use(Twin)	Room(s)
		Twin	Room(s)
Non-smoking rooms:		No Yes	
		*Non-Smoking rooms are limitedly available.	
Period of stay:		In ()/()/2004 ()night(s)	
Name of Accompanying Persons:			

Record of Charges*

*	I would like to pay the above total by Bank transfer.		
Date of remittance:	/ /		
Remitter:			
Name of bank:	() bank () branch		
*	I would like to pay the above total by Credit Card.(Please fill in the following form)		
Name of Card:	VISA	MASTER	JCB AMEX
Credit Card No:			
Expiration Date:	Month() /Year()		
Name on Card:			

Receipt

Do you need the receipt?	Yes	No
To whom should the receipt be made out?		

SAINT2004 Registration Office

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