

27th Annual Meeting of the Molecular Biology Society of Japan
Pre-Registration Form

December 8-11, 2004
Kobe Port Island, Kobe, JAPAN

Pre-Registration Deadline: November 4, 2004

Prof. Dr. Mr. Ms

First Name _____ Family Name _____

Affiliation _____

Address _____

City _____ Province _____

Country _____ Postal code _____

Telephone _____ Facsimile _____

E-mail: _____

Registration Category (check the boxes)

Regular Member	<input type="checkbox"/>	7,000 yen
Student Member	<input type="checkbox"/>	5,000 yen
Non-member	<input type="checkbox"/>	10,000 yen
Additional Abstracts (Member)	<input type="checkbox"/>	3,000 yen
Additional Abstracts (Non-member)	<input type="checkbox"/>	5,000 yen

GRAND TOTAL _____

*Your registration will be completed with a receipt of a Confirmation Notice sent by the Secretariat. If you do not receive anything after you send the registration form, please contact the Secretariat.

*Payment can be made at the Registration Desk during the conference period (no need to pay in advance).

*Abstract booklet and name tag can be picked up on payment.

Send this form by Fax to:

+81-75-753-4197