

Registration Form

ASEM Symposium on Educational Exchange

To:	Symposium Secretariat, <i>The Convention</i>
Fax No.:	(03) 3423 – 4108
Tel No.:	(03) 3423 – 4070
E-mail:	asem-info@the-convention.co.jp

Participant's Information

Name:	(Mr. / Ms. / Dr. / Prof. / Other)
	(First Name)
	(Last Name)
Designation / Position:	
Organization	
Telephone No.: (w/country code)	
Fax No.:	
E-mail Address:	

Please check boxes below to indicate your attendance.

Monday, 17th November, 2003

- ☐ Opening ceremony
 - ☐ Session 1 through 3
 - ☐ Welcome Reception
 - ☐ Dietary / Special Requirements (Please specify)
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Tuesday, 18th November, 2003

- ☐ Session 4 and 5