| To: | Prof. Akira Kobayashi, Chairman of Organizing Committee |
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| | Chulalongkorn Univ. Univ. Tokyo |
| | Email: iaps-koayashi@outlook.jp |

REGISTRATION FORM

| ************************************** | Yokohama |
|---|----------|
| Name: First name (Middle name) Family name | |
| Job Title: Prof. Dr. Mr. Ms. (Student: UG, MC, DC, Supervisor's name: |) |
| Institution: | |
| Mailing Address: | |
| Zip code: | |
| Country: | |
| Telephone: | |
| Fax: | |
| Email: | |
| Area of Interest: | |
| □ I will participate in the IAPS Meeting 2024. Accompanying persons YES □ NO | D 🗆 |
| I will reserve the room of the Conference Hotel from fornights by myself. | to |
| I intend to present a paper. (oral, poster): Students should present i I plan to submit a paper to the special issue of the journal Frontier | - |
| Note: Early-Registration is up to January 31, 2024 | |
| Presentation Title: | |
| Author(s): | |
| Signature: Date: | |