

**The International Crisis Management Symposium  
on CBRN and Emerging Infectious Diseases**

**Registration Form**

**< Name and Address Information >** ( Fields in **Blue** are required )

<b>First Name</b>	
Middle Initial	
<b>Last Name</b>	
Department	
<b>Institution / Company</b>	
<b>Street Address</b>	
Street Address 2	
<b>City</b>	
<b>State / Province</b>	
<b>Zip Code</b>	
<b>Country</b>	
<b>Phone</b>	
Extension	
Fax	
<b>E-mail</b>	

**< Registration Fees >**

		Due Amount
Regular Participants (early)	15,000 JPY	
Company (max 10 persons)	100,000 JPY	
Student	5,000 JPY	
Banquet	5,000 JPY / person	person(s)
		Total Amount Due:

**< Payment Method >**

(    ) Credit Card

(    ) Wire-Transfer to Bank

**< Check below if you plan to attend the following >**

(    ) Pre-Symposium (in Japanese)      free (Included in registration fee)

(    ) Welcome Reception – September 13<sup>th</sup>      free (Included in registration fee)

< Students must complete fields below >

Dept Head or Professor	
University Name	
Dept Head or Professor Email Address	

For questions, please contact Lijing GAO, [sympo@cis.ac.jp](mailto:sympo@cis.ac.jp)