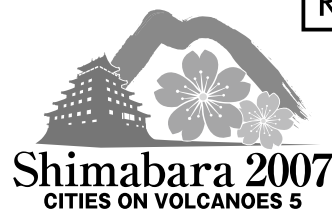


# COV5 Registration Form

Fields marked with an asterisk \* are required.

Please send only one form per each applicant.



Name:\*

First Name&Middle Initial:

Last/Surname:

☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_  
(ex.) John E.

\_\_\_\_\_  
(ex.) Smith

Affiliation:\*

Division / Department: \_\_\_\_\_

Institution / University: \_\_\_\_\_

Contact Information:\* ☐ Office ☐ Home

Address:\* \_\_\_\_\_  
(ex.) 715 Pale St., Baltimore, Maryland

Country:\* \_\_\_\_\_ Postal/Zip Code:\* \_\_\_\_\_  
(ex.) 012-3456

Telephone Number:\* \_\_\_\_\_ Extension: \_\_\_\_\_  
(ex.) +81-3-1234-5678

E-mail:\* \_\_\_\_\_

Arrive at Shimabara via:

☐ Nagasaki Airport ☐ Fukuoka Airport ☐ Other \_\_\_\_\_

Arrival Date: \_\_\_\_\_ /11/2007 Flight No.: \_\_\_\_\_

Depart from Shimabara via:

☐ Nagasaki Airport ☐ Fukuoka Airport ☐ Other \_\_\_\_\_

Departure Date: \_\_\_\_\_ /11/2007 Flight No.: \_\_\_\_\_

Please specify any special needs:

☐ Vegetarian

☐ No seafood

☐ Other, please specify \_\_\_\_\_

Name(s) of Accompanying Person(s):

1. First Name&Middle Initial:

Last/Surname:

☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_  
(ex.) John E.

\_\_\_\_\_  
(ex.) Smith

Please specify any special needs: \_\_\_\_\_

2. First Name&Middle Initial:

Last/Surname:

☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_

Please specify any special needs: \_\_\_\_\_

3. First Name&Middle Initial:

Last/Surname:

☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_

Please specify any special needs: \_\_\_\_\_

## 1. Registration Fee

Category	On or before June 14, 2007		After June 14, 2007	
	IAVCEI/VSJ member	non-member	IAVCEI/VSJ member	non-member
Participant	<input type="checkbox"/> 40,000 yen	<input type="checkbox"/> 42,000 yen	<input type="checkbox"/> 45,000 yen	<input type="checkbox"/> 47,000 yen
Student*1	<input type="checkbox"/> 25,000 yen	<input type="checkbox"/> 27,000 yen	<input type="checkbox"/> 30,000 yen	<input type="checkbox"/> 32,000 yen
Accompanying Person	<input type="checkbox"/> 27,000 yen × <input type="text"/> person		<input type="checkbox"/> 32,000 yen × <input type="text"/> person	
REGISTRATION TOTAL :			_____ yen (A)	

\*1: A photocopy of a student ID is required for student participants. Please submit it to the secretariat

IAVCEI Membership Number (if member:) \_\_\_\_\_

VSJ (Volcanological Society of Japan) Membership Number (if member:) \_\_\_\_\_

## 2. Accommodations

Check-in Date: \_\_\_\_\_/11/2007 Check-out Date: \_\_\_\_\_/11/2007 Nights: \_\_\_\_\_

Category		Occupancy			
		Single	Double	Triple	Four
1	Japanese room A	—	<input type="checkbox"/> 12,000 yen	<input type="checkbox"/> 9,500 yen	<input type="checkbox"/> 8,000 yen
2	Japanese room B	—	<input type="checkbox"/> 9,500 yen	<input type="checkbox"/> 8,500 yen	<input type="checkbox"/> 7,500 yen
3	Japanese room C	<input type="checkbox"/> 5,500 yen	<input type="checkbox"/> 5,500 yen	<input type="checkbox"/> 5,500 yen	<input type="checkbox"/> 5,500 yen
4	Western room A	<input type="checkbox"/> 10,000 yen	<input type="checkbox"/> 9,000 yen	—	—
5	Western room B	<input type="checkbox"/> 8,000 yen	<input type="checkbox"/> 7,000 yen	—	—
6	Western room C	<input type="checkbox"/> 5,500 yen	<input type="checkbox"/> 5,500 yen	—	—
7	Dormitory	2,000 yen			
<b>ACCOMMODATION TOTAL:</b>		<input type="text"/> yen × <input type="text"/> nights × <input type="text"/> person(s) = <input type="text"/> yen (B)			

Second Choice: Category number  Occupancy: ☐ Single ☐ Double ☐ Triple ☐ Four

Third Choice: Category number  Occupancy: ☐ Single ☐ Double ☐ Triple ☐ Four

I will share the room with:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. Field Excursions

Pre-conference excursions		Cost	No. of People	Subtotal
A1	Utsu and Hokkaido-Komagatake volcanoes, southwestern Hokkaido	53,000 yen	/	(Full)
A2	Active volcanoes on the Izu arc: Izu-Oshima and Miyakejima	70,000 yen	/	(Full)
A3	Fuji and Hakone volcanoes	34,000 yen	/	(Full)
A4	Asama and Kusatsu-Shirane volcanoes, central Japan	32,000 yen	/	(Cancelled)
A5	Kikai caldera and southern Kyushu	63,000 yen	/	(Full)

A6	Living with Aso-Kuju volcanoes and geothermal field	33,000 yen		(Full)
A7	Living with Sakurajima Volcano	42,000 yen		(Cancelled)
A8	Historic remains and archives of the AD 1792 Unzen disaster	3,200 yen		
AX	Field Workshop: Commission on Explosive Volcanism, IAVCEI (*)			
<b>Intra-meeting excursions</b>				
B1	Unzen eruption — Disaster and recovery	Included in the registration fee		
B2	Helicopter Flight over Unzen	Free (max. 100 persons)		(Full)
<b>Post-conference excursions</b>				
C1	Unzen Volcano and new lava dome climb	31,500 yen		
C2	Sakurajima and Kaimondake volcanoes, southern Kyushu	53,000 yen		
C3	Aso Volcano: Gigantic pyroclastic flow eruptions and post-caldera activity	21,500 yen		
C4	Workshop: Fuji Volcano	53,000 yen		
C5	Nagasaki tour: Christian history	8,500 yen		(Full)
<b>FIELD EXCURSION TOTAL: _____ yen (C)</b>				

(\*) Application for Field Excursion AX: Field Workshop: Commission on Explosive Volcanism, IAVCEI must be made directly to Dr. Y.K. Sohn. See page 24 for details.

#### 4. Payment:\*

Registration Fees: (A) \_\_\_\_\_ yen

Accommodation Fees: (B) \_\_\_\_\_ yen

Field excursion Fees: (C) \_\_\_\_\_ yen

TOTAL: \_\_\_\_\_ yen

☐ Charge my credit card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Diners Club ☐ JCB Card

Card Number:     -     -     -

Name of Cardholder: \_\_\_\_\_

Expiration (M/Y) Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

☐ Bank Transfer: Please transfer to the following conference bank account

Name of Bank: MIZUHO BANK, LTD.

Branch: GAIENMAE BRANCH

Swift/BIC code : MHBKJPJT

Savings Account Number: 1575317

Name of Account: COV5 Registration

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

In case of bank transfer, you must fax proof of payment with the registration forms to the COV5 Secretariat Office:  
c/o The Convention (official COV5 agency) Fax: +81-3-3423-4108