

*****REGISTRATION FORM*****

The Seventh International Conference on Systems Biology

9-11 October 2006 Yokohama, Japan

Please complete and return this form to: **Registration Office of ICSB-2006**

c/o Congress Corporation 5-1 Kojimachi, Chiyoda-ku, Tokyo 102-8481, Japan

Fax: +81-3-5216-5552

Advance Registration Deadline: 31 August 2006

Please type or print in block letters and check appropriate boxes.

Title (For mailing purpose): Prof. Dr. Mr. Ms.

Name: Given _____ Middle _____ Family _____

Department: _____

Institution: _____

Mailing Address: Home Office Street _____

City _____ Province/State _____ Postal code _____

Country _____ E-mail: _____

Phone: (Incl. Country code) _____ Fax: (Incl. Country code) _____

Fees

Category	Early by 30 June 2006	Late by 31 August 2006	On-site After 1 September 2006	Number	Amount
Regular	<input type="checkbox"/> JPY 45,000	<input type="checkbox"/> JPY 50,000	<input type="checkbox"/> JPY 60,000	Person	JPY
Student	<input type="checkbox"/> JPY 15,000	<input type="checkbox"/> JPY 15,000	<input type="checkbox"/> JPY 20,000	Person	JPY
Banquet	<input type="checkbox"/> JPY 8,000			Person	JPY
Total					JPY

Note such as dietary restrictions: _____

Need Visa? Yes No

Notes: 1. Personal checks cannot be accepted. 2. Bank transfer costs should be paid by the participant. 3. Please attach a copy of your bank receipt confirming payment of the registration fee(s). 4. Participants registering as "Students" should attach a copy of their student identification card. 5. If a group payment has been made, please indicate the name of a remitter and attach a list of participants to allow accurate confirmation of individual payments as a Group Registration*. 6. Those who need a visa to enter into Japan, please fill out a visa questionnaire sheet and send it to us together with Registration Form.

*If you are registering several members as a group and would like to pay registration fees as a lump sum, please make use of a Group Registration Form. The form is available on the website. Otherwise each participant is requested to fill out a registration form for himself/herself.

Method of Payment

Credit Card: VISA MasterCard Diners Club American Express

Card number: _____ Expiration date: _____

Card holder's name: _____

Bank Transfer:

Remittance has been made by the name of _____ Date of remittance: _____

through(Name of bank): _____

Bank: The Bank of Tokyo-Mitsubishi UFJ, Ltd., Kojimachi Branch

Address: 6-2-6 Kojimachi Chiyoda-ku, Tokyo 102-0083, Japan

Account NO.: 1472258 (Ordinary Account)

Account name: ICSB-2006

Swift code: BOTKJPJT

Bank code: 0005-616

Date: _____

Signature: _____