

14th East Asian Acturial Conference (14th EAAC)

9-12 October 2007, Tokyo, Japan

Official Use	
Date	Reg. No.

REGISTRATION FORM

14th EAAC Registration Desk c/o Event & Convention House, Inc.

Shuwa-Okachimachi Bldg. 8F, 4-27-5, Taito, Taito-ku, Tokyo 110-0016 JAPAN

FAX: +81-3-5807-3019 / TEL: +81-3-3831-2601 / e-mail: eaac14th@actuaries.jp

Please type or use block letters.

Prof. Dr. Mr. Ms.

Family Name: _____ **Given Name:** _____

Organization: _____

Address: Home Office _____

Country: _____ **e-mail:** _____

TEL: _____ **FAX:** _____

Special Dietary Requirements (Vegetarian): _____

Name of Accompanying Person (if any): Mr. Ms. _____

Family Name

Given Name

Special Dietary Requirements (Vegetarian): _____

(A) REGISTRATION

	On or before June 30, 2007	After July 1, 2007	Amount due
Delegate	US\$ 300 / JPY 36,000	US\$ 350 / JPY 42,000	<input type="checkbox"/> US\$ / <input type="checkbox"/> JPY
Accompanying Person	US\$ 100 / JPY 12,000		<input type="checkbox"/> US\$ / <input type="checkbox"/> JPY
Total Amount			<input type="checkbox"/> US\$ / <input type="checkbox"/> JPY

PAYMENT (BANK ACCOUNT INFORMATION)

Bank / Branch Name: Bank of Tokyo-Mitsubishi UFJ, Yaesu-dori Branch
 Account Number: (Ordinary Account) 2034453
 Account Name: 14th EAAC
 Swift Code: BOTKJPJT

FREE CITY TOUR

Will you attend the Free City Tour on the afternoon of Thursday, Oct. 11? Yes No
 Will your accompanying person attend? Yes No

(B) HOTEL ACCOMMODATION

1st choice code: _____	2nd choice code: _____	*Please refer to the List of Hotels (P6)
Check in date: _____	Check out date: _____	for _____ nights
Room type: <input type="checkbox"/> Single <input type="checkbox"/> Twin (to share with _____)		
<input type="checkbox"/> Smoking / <input type="checkbox"/> Non Smoking		
----- No reservations will be confirmed in the absence of card information below. -----		
Credit Card Company:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Diners Club <input type="checkbox"/> JCB	
Card Number:	_____	
Expiration Date:	Month _____	Year _____
Name of Card Holder:	_____	
Signature:	_____	
Date:	_____	

*Hotel reservation are processed on a first-come, first-served basis.