**Conference Registration Form**

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| **DELEGATE DETAILS** |
| **Full Name** |  |
| **Position** |  |
| **Affiliation** |  |
| **Address** |  |
| **Telephone no.** |  |
| **Email** |  |
| **Would you like to have a presentation, oral or poster?**  | oral / poster |
| **Would you like to participate in the Banquet?** | Yes / no |
| **Please email your completed registration form to:** |
| Sotaro Honda2018 EAASP conference CoordinatorTel: +81 (90)1775-2945e-mail: shonda@fukuoka-edu.ac.jp  |