**Conference Registration Form**

|  |  |  |
| --- | --- | --- |
| **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 Honda  2018 EAASP conference Coordinator  Tel: +81 (90)1775-2945  e-mail: shonda@fukuoka-edu.ac.jp | | |