**Group Rates Form (5 or 10 attendees)**

1. Select Number of Participants

(　 ) JPY145,200 for 5 participants (JPY29,040 per person)

( 　) JPY264,000 for 10 participants (JPY26,400 per person)

2. Select Payment Method

(　 ) Credit Card

( ) Invoice

3. Provide the Following Information

Billing Address

|  |  |
| --- | --- |
| Company |  |
| Business Address |  |
| City |  |
| State/Prefecture |  |
| Country |  |
| Postal |  |

Primary Contact Information

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Job Title |  |
| Department |  |
| e-Mail Address |  |
| Business Phone |  |

|  |  |
| --- | --- |
| Cardholder Name | |
| Credit Card Company (Select one from the below)  UC MasterCard VISA 　JCB AMEX | |
| Credit Card #: | Expiration Date: |
| Signature: | |

Credit Card Information (ONLY if you select “Credi Card Payment”)

Important Notes

* Details regarding registration will be sent to the primary contact person.
* Each participant must complete their individual registration following the provided procedure. Participants will not be considered registered until the registration process is completed.

Thank you for your cooperation.