

CONFERENCE REGISTRATION FORM

Third International Workshop on Biomedical Imaging (Fukui2004) December 12-14, 2004

Prof. ___ Dr. ___ Mr. ___ Ms. ___

Name: Last _____ First _____ M.I. _____

Institution _____

Mailing address _____

Postal(Zip) Code _____ Country _____

Phone _____ Fax _____ Email _____

Registration

Conference Yes (Free of charge)

Dinner Yes (¥5,000) _____ (Please pay on-site), No _____

Email to:

fukui2004@mxjimu.fukui-med.ac.jp

or Mail to:

Organization for Fukui2004

c/o Yasuhisa Fujibayashi

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