The 13th International Conference of RNLA in Shiga Application Form

Accompanying person(s))			
first	middle	famil	у	
first	middle	family	<i>1</i>	
first	middle	family	<i></i>	
first	middle	family	/	
Home Address:				
Tel.				
Fax.				
Work details:				
Work:				
Address:				
Tel.				
Fax.				
Are you intending to atte	Yes	No		
Are you intending to read a paper?		Yes	No	
Accommodation				
Are you intending to stay	Yes	No		
If "yes," when? From		to		

Food

Do you (or any of y	our accompa	nying persons)	have any food	allergy?
If yes, please spec	cify it/them			
Are you vegetarian?	•		Yes	No
Strict vegan				
The following a	re acceptable	(please circle)	:	
Milk	Eggs	Fish	Others:	

Invitation Letter

Do you want a letter of invitation? Yes No If "yes," to whom should we address it?

Does the invitation need to mention any fees? Yes No

[Any other remarks]

Please fill in the form and send it back to me (Reiko Aiura) at:

<u>rnla2010@belle.shiga-med.ac.jp</u> Fax +81(0)77-548-2100