The 24th Japan-Korea Joint Seminar on Pharmacology

Registration Form (Meeting)

Given Name	Family Name	M/F	Prof./Dr./Mr./Ms.	
A ££1:_4: (:11_ N		C-11 Ct	Δ	
Allination (include N	ame of institution, Address, Postal	Code and Country	') 	
Position (Professor, A	ssociate Professor, Assistant Profe	ssor, Post doc., Gr	aduate student, etc.)	
Talantana	FAV	F '1		
Telephone	FAX	E-mail		
Registratio	10,000 Yen (100,000 Won) on fee covers Scientific Meeting, d Excursion with Lunch.	Welcome Reception	on (Banquet), Lunch, Farewe	:11
Method of paym accepted.	ent: On site payment at R	egistration Des	k. Both Won and Yen ar	e
Paper Presentation	on: Yes/No ES: Special Lecture/Oral Pre	sentation/Poster	r Presentation	
Date:	Signature	:		
Date:	Signature:	:		