



National Institutes for Quantum and Radiological Science and Technology

Registration and hotel reservation form

Fill in all parts, save and send this form to itpa2016@qst.go.jp no later than **August 26, 2016**.

Part A Personal Data		Application Date (mm/dd/yyyy)
1. Name (Family, First, Middle)		2. Date of Birth (mm/dd/yyyy)
3. Citizenship (Country Name)	4. Place of Birth (City, Country)	5. Gender Male Female
6. Permanent Residence Address (Street, City, Country)		
7. Passport Number		8. Passport Expiration Date (mm/dd/yyyy)
9. Field of Expertise		
Part B Employment Information		
1. Name of Organization		
2. Address (Street, City, Country)		
3. Telephone	4. Facsimile	5. E-mail Address
6. Title or Position/Duties		
Part C Hotel reservation		
1. Please indicate your preference of accommodation by placing a check mark. Do you need a booking through our institute (QST)? <input type="checkbox"/> Yes. I would like to book a room via QST (all rates are for 1 person) at <input type="checkbox"/> Hotel Terrace the Garden Mito: Single room 8300 yen (with breakfast) <input type="checkbox"/> Daiwa Roynet Hotel Mito, Single room 7200 yen + breakfast 830 yen <input type="checkbox"/> Hotel Mets Mito: Single room 6800 yen (with breakfast and tax) <input type="checkbox"/> President Hotel Mito 6900 yen (with breakfast) <input type="checkbox"/> No. I would like to make a reservation at other hotel by myself. Please let us know the hotel name, if possible. (Hotel name: _____)		
2. Transportation Do you use the shuttle bus from Hotel to Naka Fusion institute? <input type="checkbox"/> Yes or No		
The following items should be completed if you prefer to book through QST.		
3. Period of your stay (mm/dd–mm/dd)		4. Number of nights
5. Special requests, if any		
6. Name (Last, First, Middle) of accompanying persons, if any		
Part D Topical Group		
1. Which topical group meeting do you plan to attend? Integrated Operation Scenarios Pedestal and Edge Physics Scrape-Off-Layer and Divertor Transport and Confinement		
2. Are you a member of ITPA? Yes No If No, please let us know the name and email address of an ITPA member who can provide a reference. Name: _____ E-mail: _____		
3. Please specify the areas of specialty within that topic.		