10th International Conference on Applied Ethics October 28-30, 2016 Center for Applied Ethics and Philosophy

Registration Form

FAMILY NAME / First name:								
Title: Mr. · Ms. · Dr. · Prof.								
Position:								
Affiliation:								
Address:								
Diamon								
Phone:								
E-mail:								
Fax:								
Paper title:								
1 aper title.								
NB. There is NO conference fee.								
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Please let us know:								
1. Will you attend the Reception (buffet) on Friday 28th of October? (3,000 jpy; cash only)								
Yes/No								
165/110								
Number of Accompanying Person(s) (if any):								
2. Will you attend the Dinner (buffet) on Saturday 29th of October? (4,500 jpy; cash								
only)								

Yes/No

N	Jumber	of Accom	nnanving	Person((\mathbf{z})	(if	anv)):
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Fees are	navable	at the	registration	desk.
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3. Dietary Requirements (if any):

<u>Please kindly be reminded that no cancellation will be taken after Friday 14th of October.</u>

Please return this form to caep@let.hokudai.ac.jp

Personal information provided will not be used for other purposes than those of the 10th International Conference organised by the Center for Applied Ethics and Philosophy (CEAP), Hokkaido University.