

## 2013 ISOMS

### Participation Form – Observation Tour

Please stipulate your decision in the blank space below and fill the related information in the following section.

Participate the tour: (Yes/No) \_\_\_\_\_

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Position/Organization: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send it to us before April 30, thank you for your cooperation.

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