

Application form for Asian Kisaragi Juku

Name: (Last) _____ (First) _____

Sex: Male / Female

Membership: JSID / KSID / CSID / TSID

Affiliation: _____

Department: _____

Zip Code: _____

Address: _____

Tel: _____

E-mail address: _____

JSID Annual Meeting registration number*: _____

* If you have not yet applied for the JSID Annual Meeting, please send your registration number to the following email address at a later date.

<office2@jsid.org>