THIS FORM MUST ARRIVE BY 2\textsuperscript{nd} NOVEMBER

REGISTRATION / VISA APPLICATION / HOTEL RESERVATION

FORMS for APRSAF-14

ISRO, Bangalore, India
November 21 (Wed) - November 23 (Fri), 2007

Please return this forms no later than November 2\textsuperscript{nd} (Fri), 2007

to

(for non Indian participants)
Kumiko Sekiguchi (Ms) or Kozue Tomuro (Ms), APRSAF 14 Secretariat

c/o Prime International Co., Ltd.
Facsimile : +81-3-5467-5538
E-mail: aprsa14@aprsaf.org
Post to: Prime International Co., Ltd. (Attn : Ms. Kumiko Sekiguchi)
#201, 2-2-19, Hiroo Shibuya-ku, Tokyo 150-0012, Japan
Tel: +81-3-5467-5539

(for Indian participants)
Mr. V. Gopalakrishnan(ISRO)
Facsimile:+91-80-2351-3583
Tel:+91-80-2217-2463

1. Registration Form
Please complete this form using BLOCK LETTERS or check an appropriate box.

Name

\[ \square \text{Prof.} \quad \square \text{Dr.} \quad \square \text{Mr.} \quad \square \text{Ms.} \]

\[ \underline{\text{(Given Name)}} \quad \underline{\text{(Middle Name)}} \quad \underline{\text{(Family Name)}} \]

Name for badge

Affiliation
Position

Department

Organization
Mailing Address

__________________________________________________________

_______________________________________ Zip: __________

Country _______________ Nationality _______________________

Phone _______________ Fax _______________
E-mail: ____________________________

**Working Groups**

- Earth Observation (EO)
- Communication Satellite Applications (CSA)
- Space Education and Awareness (SEA)
- Space Environment Utilization (SEU)

**Technical Tour in the afternoon of November 23 (Fri), 2007**

- Will ATTEND the technical tour
- Will NOT ATTEND the technical tour

**2. Visa Application**

- Will need the visa
  
  Passport No.: ____________________________
  
  Date of Issue: (date) (month) (year)
  
  Place of Issue: ____________________________

- Will NOT NEED the visa

Special Requests, if any: ____________________________
3. Hotel Reservation Form

**Hotel ATRIA**

Room type: Standard twin bed room, single use, with breakfast  
Cost: Approximately 5,500(IRp) (plus related tax)  
Tel. 91 80 2220 5205 Fax. 91 80 2225 6850 (This is not the number for this form to be faxed)  
E-mail: atriahotel@yahoo.com  
http://www.atriahotel.com/

Title:…………………… First Name:…………………….. Last Name:…………………………..

Company/Organization:………………………………………………………………..  
Address:………………………………………………………………City:…………………………..  
Country:……………………………………  
Postal Code:………………………………  
Telephone:……………………… Fax:…………………………E-mail:…………………………

Payment for one night deposit through Credit Card:

- VISA  - MasterCard  - AMEX  - Others: (name)……………………………………

Card Number:……………………………… Expiry (Month):………..(Year)………

- Credit card information is mandatory and your reservation will not be completed without the information.

Check-in date  - November 19  - November 20  - November 21  - Others: ________
Check-out date  - November 23  - November 24  - Others: ________  
  Total: ________ nights

Arrival flight at Bangalore: Flight No.: ________ Arrival Date: ____________
Departure flight at Bangalore: Flight No.: ________ Departure Date: ____________

Room type: Standard twin bed room, single use, with breakfast  
Room rate: approximately 5500IRP plus related tax  
Special Requests, if any:………………………………………….