

# 90<sup>th</sup> ISO/TC 184/SC 4 Plenary Meeting

October 25 - 31, 2025, Nagasaki, Japan

## REGISTRATION FORM

To be returned to email: [sc4-meeting\\_reg@mstc.or.jp](mailto:sc4-meeting_reg@mstc.or.jp) or fax: +81-3-6374-4373

T-LIFE Partners Co., Ltd.: Rising Plaza Korakuen 2F, 1-3-11 Koishikawa, Bunkyo-ku, Tokyo, Japan

Please check boxes, as necessary.

☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

|                        |                      |             |                      |
|------------------------|----------------------|-------------|----------------------|
| Family Name(Last Name) | <input type="text"/> | First Name  | <input type="text"/> |
| Company Name           | <input type="text"/> |             |                      |
| Address                | <input type="text"/> |             |                      |
| Country                | <input type="text"/> | Postal code | <input type="text"/> |
| Phone                  | <input type="text"/> | Email       | <input type="text"/> |

| Facilities Fee includes the fee from Monday through Friday<br>with morning break, lunch and afternoon break.                                                                                                                              | On or Before<br>30 Sept. 2025                    | After<br>30 Sept. 2025                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Main Meeting Registration (Monday - Friday)                                                                                                                                                                      | <b>84,000 JPY</b><br>(Incl. 10% VAT , 7,636 JPY) | <b>98,000 JPY</b><br>(Incl. 10% VAT , 8,909 JPY) |
| <input type="checkbox"/> Attendance on a daily basis<br><input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="text"/> Day(s) | <b>24,000 JPY</b><br>(Incl. 10% VAT , 2,181 JPY) | <b>24,000 JPY</b><br>(Incl. 10% VAT , 2,181 JPY) |
| <input type="checkbox"/> Social Event Dinner 29 Oct. Wed. 19:00 - <input type="text"/> Person(s)                                                                                                                                          | <b>10,000 JPY</b><br>(Incl. 10% VAT , 909 JPY)   | <b>10,000 JPY</b><br>(Incl. 10% VAT , 909 JPY)   |
| <input type="checkbox"/> Welcome Reception 26 Oct. Sun. 18:00 - <input type="text"/> Person(s)                                                                                                                                            | Free of charge                                   | Free of charge                                   |
| <b>Total Facilities Fee</b>                                                                                                                                                                                                               |                                                  | <b>JPY</b> <input type="text"/>                  |
| <b>Remark</b> (Any request, dietary issues etc.)<br><input type="text"/>                                                                                                                                                                  |                                                  |                                                  |

|                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Payment Receipt</b>                                                                                        |
| The receipt shall be prepared for your name. Should you require a different name of recipient such as company name, please note below. |
| <input type="text"/>                                                                                                                   |

|                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Payment</b>                                                                                                                                                           |
| After confirming contents of your Registration Form, we will send you an email containing the URL for credit card payment. Click the URL and enter your Card Number etc. |
| If you do not use credit card for payment, please check here (We will send invoice) . <input type="checkbox"/> Only Bank Transfer.                                       |

### Cancellation Policy

#### • In the event of cancellation due to personal reasons

Before 24 Sep. 2025 = 20% of total facilities fee will be subject to cancellation fee. On or After 24 Sep. 2025 = No refunds.