

<<Only for those requiring entry visas to Japan>>

VISA INFORMATION FORM – IGTC2019

All citizens who are required to apply for visas to enter Japan must apply in person at the Japanese Embassy or Consulate in their country. This form is not a visa application, however, in order to produce the necessary documents for your application, the Japan Office MUST receive the following COMPLETE information .

Without this COMPLETE information, it will NOT be possible to apply for your visa. In order for support documents to be issued in time for you to apply for your visa BEFORE the Conference, it is IMPERATIVE that this form is returned to the Japan Office at the address below AS SOON AS POSSIBLE. Please keep in mind that it can take MORE THAN ONE MONTH for your visa to be processed.

IGTC 2019 Registration Office
email: igtc2019-office@e-side.co.jp
FAX: +81-3-6435-8790

PLEASE COMPLETE BOTH (2) PAGES OF THE FORM

Please fill out in ENGLISH (and Chinese Characters if applicable).
Your name should be spelled exactly as it appears in your passport.

1. PASSPORT NAME:		
<input type="text"/> <i>Family Name</i>	<input type="text"/> <i>Middle Initial</i>	<input type="text"/> <i>First Name</i>
(Chinese Characters: <input type="text"/> <input type="text"/>)		
<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Position: <input type="text"/>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
2. DATE OF BIRTH: <input type="text"/> yr <input type="text"/> mth <input type="text"/> day		Age: <input type="text"/> yrs
3. NATIONALITY <input type="text"/>	4. EMAIL: <input type="text"/>	
5. PRESENT ADDRESS:		
OFFICE <input type="text"/> <i>Organization/Affiliation</i>		
<input type="text"/> <i>Street</i>		
<input type="text"/> <i>City</i>	<input type="text"/> <i>Postal Code</i>	<input type="text"/> <i>Country</i>
<input type="text"/> <i>TEL: (Include country and area codes)</i>		<input type="text"/> <i>FAX: (Include country and area codes)</i>
HOME <input type="text"/> <i>Street</i>		
<input type="text"/> <i>City</i>	<input type="text"/> <i>Postal Code</i>	<input type="text"/> <i>Country</i>
<input type="text"/> <i>TEL: (Include country and area codes)</i>		<input type="text"/> <i>FAX: (Include country and area codes)</i>
* MAIL should be sent to OFFICE <input type="checkbox"/> HOME <input type="checkbox"/> (Choose one)		
6. PASSPORT:		
Passport Number: <input type="text"/>	Date of Issue: <input type="text"/>	
Place of Issue: <input type="text"/>	Date of Expiration: <input type="text"/>	

