

FORM #2: Gozo Shioda 100th Anniversary Seminar Registration Form

1. Personal Information

Applicant's Name	First Name		Middle Name		Family Name	
Home Address						
	Postal Code			Country		
Tel				Fax		
Email address1						
Email address2						
Date of birth (y/m/d)	/ /		Sex	Male / Female		
Nationality						
Aikido Information	Name of your Dojo					
	Chief Instructor					
	Stye					
Participation of trainings (Please cercle)	Sep 7th(Mon)	Sep 8th(Tue)	Sep 9th(Wed)	Sep 11th(Fri)	Sep 12th(Sat)	Sep 13th(Sun)

2. Tour Information

***Please choose and mark the check-box**

- Join ONLY the 100th seminar(September 11th(Fri) to 13th(Sun))
- Join the 100th seminar AND the first optional tour (September 7th(Mon)- 13th(Sun))
- Join the 100th seminar AND the second optional tour (September 11th(Fri) to 18th(Fri))
- Join the 100th seminar AND all optional tours(September 7th(Mon) to 18th(Fri))

***Do you train Aikido during the seminar**

YES / NO

3. Flight Information

Arrival

Date	
Time	
Fright No.	
Airport	

Departure

Date	
Time	
Fright No.	
Airport	

4. Accommodation(For Only participating optinal tour)

**Please choose and mark the check-box*

Date		Room Type	Hotel Place
Sep 7	(Mon)	<input type="checkbox"/> Single room	Shinjuku or Ikebukuro in Tokyo (Business Hotel)
		<input type="checkbox"/> Double(Twin) room (with _____)	
		<input type="checkbox"/> Triple room (with _____ and _____)	
		<input type="checkbox"/> Smoking room / <input type="checkbox"/> NON-Smoking room	
Sep 8	(Tue)	<input type="checkbox"/> Single room	Shinjuku or Ikebukuro in Tokyo (Business Hotel)
		<input type="checkbox"/> Double(Twin) room (with _____)	
		<input type="checkbox"/> Triple room (with _____ and _____)	
		<input type="checkbox"/> Smoking room / <input type="checkbox"/> NON-Smoking room	
Sep 9	(Wed)	<input type="checkbox"/> Single room	Shinjuku or Ikebukuro in Tokyo (Business Hotel)
		<input type="checkbox"/> Double(Twin) room (with _____)	
		<input type="checkbox"/> Triple room (with _____ and _____)	
		<input type="checkbox"/> Smoking room / <input type="checkbox"/> NON-Smoking room	
Sep 10	(Thu)	<input type="checkbox"/> Single room	Shinjuku or Ikebukuro in Tokyo (Business Hotel)
		<input type="checkbox"/> Double(Twin) room (with _____)	
		<input type="checkbox"/> Triple room (with _____ and _____)	
		<input type="checkbox"/> Smoking room / <input type="checkbox"/> NON-Smoking room	
Sep 11	(Fri)	1 room per 5-6persons (We will decide a room each group,family or gender)	Katsuura in Chiba
Sep 12	(Sat)		
Sep 13	(Sun)	<input type="checkbox"/> Single room	Shinjuku or Ikebukuro in Tokyo (Business Hotel)
		<input type="checkbox"/> Double(Twin) room (with _____)	
		<input type="checkbox"/> Triple room (with _____ and _____)	
		<input type="checkbox"/> Smoking room / <input type="checkbox"/> NON-Smoking room	
Sep 14	(Mon)	<input type="checkbox"/> Single room	Kyoto
		<input type="checkbox"/> Double(Twin) room (with _____)	
		<input type="checkbox"/> Triple room (with _____ and _____)	
		<input type="checkbox"/> Smoking room / <input type="checkbox"/> NON-Smoking room	
Sep 15	(Tue)	<input type="checkbox"/> Single room	Kyoto
		<input type="checkbox"/> Double(Twin) room (with _____)	
		<input type="checkbox"/> Triple room (with _____ and _____)	
		<input type="checkbox"/> Smoking room / <input type="checkbox"/> NON-Smoking room	
Sep 16	(Wed)	<input type="checkbox"/> Single room	Kyoto
		<input type="checkbox"/> Double(Twin) room (with _____)	
		<input type="checkbox"/> Triple room (with _____ and _____)	
		<input type="checkbox"/> Smoking room / <input type="checkbox"/> NON-Smoking room	
Sep 17	(Thu)	<input type="checkbox"/> Single room	Tokyo or Chiba (Business Hotel)
		<input type="checkbox"/> Double(Twin) room (with _____)	
		<input type="checkbox"/> Triple room (with _____ and _____)	
		<input type="checkbox"/> Smoking room / <input type="checkbox"/> NON-Smoking room	

5. Others

* Name of non-training guest: _____

* Relationship to applicant: _____

* Dietary restrictions or food allergies:

(1) Describe: _____

(2) Name of person with restriction/allergies: _____

* I wish to grade for SIAF rank during the seminar. My current rank is _____(indicate kyu or dan level) in _____(indicate style in which you received your current rank).

I wish to grade for _____(indicate rank).

6. A Remarks Column

--