

# Alexander Discipline Registration Form

Date of registration: Month:      / Day:      / Year:

Please Fax your registration form to:

**M. I. H. O. Orthodontic Clinic**

Address: 2339 Kamiimai-cho, Kofu-city, Yamanashi-ken, Japan

Please contact at email: mihoimamura@fan.hi-ho.ne.jp

Phone: +81-55-249-8161 / FAX: +81-55-242-3111



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TEL: +81-3-5604-0980

FAX: +81-3-3801-7560

Free dial: +81-(0)120-49-0980

★Please fill out the form, and send it by Fax

Name			Sex	Male or Female
Home address	Tel: _____ Fax: _____			
Email			Date of Birth	____ / ____ / ____
Please circle the course you want to apply and your status	Alexander Discipline Principle Course	<input type="checkbox"/> Regular ¥125,000 <input type="checkbox"/> Auditing ¥70,000 (No practice model)		
	Alexander's Lecture	<input type="checkbox"/> Regular ¥30,000 <input type="checkbox"/> Academic ¥28,000		
	The 29th Annual Research Meeting	<input type="checkbox"/> Member ¥30,000 <input type="checkbox"/> Non-Member ¥32,000 <input type="checkbox"/> Academic ¥15,000 <input type="checkbox"/> Student ¥10,000		
Hotel reservations?	Yes or No	If Yes, how many nights? _____ nights		
Date of arrival	____ / ____ / ____	Date of return	____ / ____ / ____	
Your questions or comments?				

★Thank you for your registration!