

Registration and Application Form

■ Please fill this out in English and fax to the following number.

■ After you send this form, we will inform you about the detail of this MAP&RTS2007 program.

FIRST NAME _____ FAMILY NAME _____

COMPANY NAME _____

DEPARTMENT AND TITLE _____

Business Categories (Please check as follows)

- | | | |
|--|--|--|
| <input type="checkbox"/> Electronics Appliance | <input type="checkbox"/> Wafer Process | <input type="checkbox"/> Assembling Process |
| <input type="checkbox"/> Testing Process | <input type="checkbox"/> LSI & System Design | <input type="checkbox"/> Design Tool & Simulation Tool |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Substrate & PCB/PWB | <input type="checkbox"/> Die and Mold |
| <input type="checkbox"/> Plating & Soldering | <input type="checkbox"/> Materials | <input type="checkbox"/> Inspection & Analysis |
| <input type="checkbox"/> Agent & Distributor | <input type="checkbox"/> Other (_____) | |

ADDRESS _____

E-MAIL ADDRESS _____

PHONE _____ FAX _____

■ Please select and check as follows.

- Do a Presentation

Presentation Title: _____

- Do a Poster Exhibition

Required number of booths : (_____)unit(s) (W 1.5m X H 2.0m)

Presentation Title: _____

Description of Items: _____

- Join in Excursion (Pre-reservation)

PLEASE RETURN THIS FORM BY FAX

FAX: +81-92-722-6205

<http://www.asts.jp>

e-mail: map@asts.jp