

<b>DOJO NAME</b>			
<b>COUNTRY + CITY</b>		<b>INSTRUCTOR FULL NAME</b>	
<b>TELEPHONE</b>		<b>FAX</b>	
<b>E-MAIL</b>			

<b>INSTRUCTOR ENBU</b>	
<b>FIRST-LAST NAME</b>	<b>DAN/KYU</b>

<b>DOJO ENBU</b>			
<b>FIRST-LAST NAME</b>	<b>DAN/KYU</b>	<b>FIRST-LAST NAME</b>	<b>DAN/KYU</b>

<b>EVENT</b>	<b>ATTENDEES</b>	<b>NOTES</b>
<b>KONSHINKAI PARTY</b>	PEOPLE	
<b>SEMINAR</b>	PEOPLE	
<b>STAY FOR NIGHT</b>	PEOPLE	(among which ..... Women)
<b>TRANSPORTATION</b>	CAR - TRAIN - OTHER	<b>ARRIVAL HOUR AT TAIKAI</b>

<b>DESCRIPTION OF YOUR DOJO</b>	
<b>DOJO BIRTH DATE</b>	YEAR : MONTH :
<b>PARTICIPANTS</b>	..... PEOPLE IN AVERAGE JOIN THE TRAININGS
<b>DOJO DESCRIPTION &amp; SPECIFICITIES</b>	

PLEASE RETURN THIS REGISTRATION FORM TO FAX: (81)(0)299-45-6056 e-mail : iwamajuku@ybb.ne.jp  
 BY 2008 OCTOBER 25th LATEST - PLEASE KINDLY FILL ALL THE ABOVE INFORMATION