

Congress of the 20th Japanese Association of Cardiovascular Intervention and Therapeutics

VISA INFORMATION FORM

All foreign persons who are required to apply for visas to enter Japan must apply in person at the Japanese Embassy or Consulate in their country. In order to receive the necessary documents to apply for your visa, the Organizing Committee MUST submit the information requested in this Visa Information Form to the Japanese Ministry of Foreign Affairs. This information is needed to prepare the documentation needed for your visa application. You must supply information regarding your current passport, flights to and from Japan, and itinerary and accommodation while in Japan. IF YOU DO NOT SUPPLY ALL THE REQUESTED INFORMATION YOU WILL NOT RECEIVE THE DOCUMENTS YOU NEED TO APPLY FOR YOUR VISA.

\*\*IMPORTANT: This Visa Information Form IS NOT a Visa Application Form.\*\*

In order for these documents to be issued in time for you to apply for your visa BEFORE the Meeting, you must return this Visa Information form to the Administration Office at the address below ASAP.

It can take SEVERAL MONTHS for your visa to be processed.

\*\*IMPORTANT: This Visa Information Form IS NOT a guarantee that you will receive a visa.\*\*

CVIT2011 Administration Office(In charge of registration )
JTB Communications Inc. (former name: JCOM Inc.)
4th Floor Umeda Daibiru, 3-3-10 Umeda, Kita-ku, Osaka-shi, Osaka, 530-0001
Tel:+81-6-6348-1391, Fax:+816-6456-4105, E-mail:cvit2011reg@jtbcom.co.jp
Office hours: Weekday 10:00 to 17:30 (Closed on Weekends and Holidays)

Please fill out the form in ENGLISH (and Chinese Characters if applicable).
Your name must be spelled EXACTLY as it appears in your passport.

1. FULL NAME: Family Name(姓) Middle Initial First Name(名)
( Chinese Characters: 姓 名 )
Prof. Dr. Mr. Ms. SEX (性別): Male (男性) Female(女性)
2. DATE OF BIRTH: YY(年)19 MM(月) DD(日) Age(年齢): yrs(才)
3. NATIONALITY
4. PRESENT ADDRESS: Mail should be sent to OFFICE HOME (Choose one)
OFFICE Affiliation Street City Postal Code Country TEL: FAX: E-mail
HOME Street City Postal Code Country TEL: FAX:
5. PASSPORT: Passport Number: Date of Issue: Place of Issue: Date of Expiration:

6. ITINERARY: \*Please write your flight schedule as precisely as possible.

Flight	Date	Airports	Flight Number
Arrival		<i>From</i> _____ <i>To</i> _____ → → →	
Departure		<i>From</i> _____ <i>To</i> _____ → → →	

Period of Stay (  Definite Schedule       Tentative Schedule )

From \_\_\_\_\_ yr/ \_\_\_\_\_ mth/ \_\_\_\_\_ day to \_\_\_\_\_ yr/ \_\_\_\_\_ mth/ \_\_\_\_\_ day ( \_\_\_\_\_ days )

**Schedule** The Foreign Ministry requires that we submit a DETAILED schedule of your stay in Japan. Please enter all of your scheduled activities in Japan below (see example below).

Date	Itinerary	Accommodation/Tel.
(EXAMPLE) 2011/20	(EXAMPLE) Arrive at Kansai International Airport	(EXAMPLE) ABC Hotel Tel: 81-3-3123-4567
2011/07/21-24	Attend Congress of the 20th Japanese Association of Cardiovascular Intervention and Therapeutics	
2011/07/25	Depart from Kansai International Airport	
※ If you have scheduled meetings/visits etc. prior to or following the Meeting period, you must provide details of your host (name, affiliation, address, tel.) and accommodation (name, tel.).		