

Seventh International Congress on AIDS in Asia and the Pacific

Visa Questionnaire

Please fill in the followings (Page1,2,3,5) and fax it back to the Secretariat

*Please type or print in BLOCK LETTERS;

Fax: +81-6-6377-2075

- To apply for a visa, the applicant must apply in person to an Embassy or Consulate. There is
 no system by which a proxy can carry out the application procedures in Japan.
 For general information about visa application, please visit:
 http://www.mofa.go.jp/j_info/visit/visa/index.html
 (Japanese Ministry of Foreign Affairs)
- The Secretariat will provide you with a set of documents, including an official letter of invitation after your submission of this Visa Questionnaire. The documents will be helpful for you to apply for a visa at an embassy or consulate of Japan in your country.
- Please fill in the following in English (as it appears on your passport).
- Please note that the documents for visa application will be provided only after payment of the registration fee is completed.
- The contact information such as mailing address, telephone/facsimile numbers in your registration data will also be used in the documents.
- Since visa application often takes time --in some cases three months--, please submit this Questionnaire as early as possible.
- You are allowed to submit temporary schedule in the form below if your schedule has not yet been fixed.
- Again, please note answering this form does not mean to apply for a visa. You must apply yourself.

[Personal Information] Registration ID.:	DrProf N	Mr. Ms.	
*For those who have a Chinese national Chinese character.	lity/Taiwanese nationality, please write	e down your name and affiliation in be	oth English and
Family Name:		(Chinese:)
Middle Name:		(Chinese:)
First Name		(Chinese:)

Profession or	Occupation	:				
Affiliation:				<u> </u>		
Date of birth:		/	/		Age:	
Ех	(Day)		01 (Month)	1981 (Year)		
Sex:	Female	<u>e</u>				
Registered acc	companying	person:				
*Please check. If y	ou have accomp	anying person,	please prepare this	questionnaire and the i	tinerary for him/her tog	ether with yours.
			☐ <u>I h</u>	ave (1/2) accon	npanying persons	_
			*Ple	ease choose the nur	nber of accompanyin	g persons. You can have th
			acco	ompanying person max	imum 2persons.	
			<u> </u>	DON'T have		
		Accompai	nying person's	Name1:		
				(Chinese	2:)
		Accompai	nying person's	Name2:		
				(Chinese	e:	<u>)</u>
	the section	s in English		the examples and a yet, we ask you to wri		y flight or flight you wish to take.
Length of stay	in Japan ii	ntended:	Days			
Probable date	of arrival:_	/	<u> </u>	Probable date d	of departure:	
	,	27 / 06 Day) (Month)		Ex)	05 / 07 (Day) (Month)	
=== Arrival I	nformation	===				
1 0	` •	· -	ancisco, Internatio			
Flight/Ship No	o.:					(Ex. AA123)
						(Ex. American Airline)
Port of Entry:_						
·		. Tokyo, Narita				
Transit	Port:					
	Name of sh					

=== Transportation in Japan===	
Transfer from the port on your arr	ival in Japan
Date:	Train or Flight No.:
Ex) July 1	
Transfer to the port on your depar	ture from Japan
Date:	Train or Flight No.:
=== Departure Information===	
Departing for (City Name)	
(Ex. Osal	ka, Kansai International Airport)
Flight/Ship No.:	(Ex. AA123)
Name of ship or airline:	(Ex. American Airline
Port of Depature:	
(Ex. Tokyo, Narit	a Airport)
Hotel Accommodation	
	nade reservation yet, please write down your temporary hotel reservation you wish to take.
Hotel 1 :	
(Ex. Nara Hotel)	
Hotel 2:	

(Ex. Osaka Hotel)

== This page is only an example of itinerary, not necessary to submit ==

[Instruction for itinerary]

Please complete your itinerary in next page following to the example and note.

Example;

Date/Month	Schedule*1	Contact *3	Accommodations*4
May.20	San Fransisco Tokyo	Tokyo +++ Hotel	Tokyo +++ Hotel
		Tel: xxx-ooo-xxxxx	Tel: xxx-ooo-xxxxx
		Address: xoxp 333	Address: xoxp 333
May.21-23	Sight seeing in Tokyo	Tokyo +++ Hotel	Tokyo +++ Hotel
		Tel: xxx-ooo-xxxxx	Tel: xxx-ooo-xxxxx
		Address: xoxp 333	Address: xoxp 333
May.24	Tokyo Kobe	Secretariat	OOO Hotel
	(Express# Hikari80)* ²	06-6377-2188	Tel: 000-xxx-3333
	7th ICAAP		Address: 44 Park, ooxo, Nara
May.25-28	7th ICAAP	Secretariat	OOO Hotel
		06-6377-2188	Tel: 000-xxx-3333
			Address: 44 Park, ooxo, Nara
May.28	Osaka San Fransisco		

NOTE

If you schedule sight seeing before or after the conference, indicate it, too.

Your friend's name

Your friend's affiliation

Your friend's telephone number

Your friend's address

*4) Temporary schedule accepted; if you have not made reservation yet, we ask you to write down your temporary hotel reservation you wish to take. Please inform of the followings;

Hotel's Name

Hotel's telephone address

Hotel's address (If you know it.)

^{*1} Please inform your schedule as minutely as possible.

^{*2} If you have booked the train or airline in Japan, please let us know the detail.

^{*3} If you stay with your friend in Japan, please inform of the followings;

Please fill Out and send this back to the secretariat.

Visa applicant, ______'s schedule is as follows;

Date/Month	Schedule	Contact	Accommodations

 7_{th} ICAAP Secretariat

c/o Convention Linkage, Inc.

PIAS TOWER 11F, 3-19-3 Toyosaki, Kita-Ku, Osaka, 531-0072 Japan

E-mail: visa_icaap7@secretariat.ne.jp / Fax: +81-6-6377-2075