**The Eleventh Biennial Conference of the**
**International Association of Shin Buddhist Studies**
(September 12–14, 2003)
**Registration Form**

Name: _____
(first name) (middle) (last name)

Mailing Address: _____

_____

Country: _____

*Phone: _____ *Fax: _____ *e-mail: _____
(*= optional)

I am an IASBS member of : Japan ( ) Hawaii District ( )
North American District ( ) South American District ( )
European District ( ) Oceania/East Asian District ( )

Participation Fees (in US dollars):

| | |
|---|---|
| IASBS member: | $ 100 (US) |
| IASBS member (Student): | $ 50 (US) |
| Non-member: | $ 130 (US) |

Check Enclosed ( )* I will pay on-site ( )

*Please make your check payable to the Institute of Buddhist Studies.

*On-site registration will be available, but in order to reserve your table for the Friday evening banquet, please submit this registration form by August 15, 2003 to:

The Institute of Buddhist Studies
Attn: IASBS 2003
P.O. Box 390460, Mountain View
California 94039-0460
fax: 650/938-5937