**Invitation Letter Request Form**

Please fill in this form and send it to **Dr. Taku Jiromaru** < [cstc@conferenceservice.jp](mailto:cstc@conferenceservice.jp)>, Cc: register.cstc2025@gmail.com (together with the registration payment confirmation) with the **subject** “**Invitation Letter Request – Your Name – Your EDAS ID (conference code + 10-digit no., ex. Invitation Letter Request-John Lenox-DASC-1234567891)**”. Please save your filled form with the file name “**Invitation Letter Request – Your Name – Your EDAS ID**”.

**Invitation Letter Required Information:**

Note: All entries must be in English/Alphanumerics.

|  |  |
| --- | --- |
| Surname1 |  |
| First Name1 |  |
| Middle Name1 (if applicable) |  |
| Date of Birth (MM/DD/YYYY) |  |
| Nationality |  |
| Passport No. |  |
| Passport Date of Issue: |  |
| Passport Date of Expiry: |  |
| Passport Issuing Authority: |  |
| Affiliation, Country |  |
| Email Address |  |
| Paper Title |  |
| Registration ID  (e.g., DASC-1234567891) |  |

1 Please enter according to your travel document (i.e. passport)

**Note**: The Invitation Letter will be emailed to you after confirming the receipt of your payment of all applicable fees.