



# VISA Invitation Letter Request Form

Please complete one form per person

Return completed form via email,  
along with your passport PDF and registration confirmation message  
to OPIC 2024 Congress Management: contact@opicon.jp  
5-5 Shin-Ogawamachi,  
Shinjuku-ku, Tokyo 162-0814 Japan

**\*required fields**

\*Date Form Submitted to OPIC2024:(day/month/year):

\_\_\_ / \_\_\_ / \_\_\_\_

\*International Conference:

ALPS	BFSS	BISC	HEDS	ICNN	IP	LDC	LEDIA
LSC	LSSE	OMC	OPTM	OWPT	SLPC	TILA-LIC	XOPT

\*Your Submission Number:

Your Accepted Paper Title:

\*Date of Birth (day/month/year):        /        /        (Age    )

\*Passport Number:

\*Gender: (   Male   Female)

\*Nationality:

\*Occupation:

\*Name (The same as the name of your passport)

Prefix (   Dr.   Prof.   Mr.   Mrs.   Ms.)

\*First Name:

Middle Name:

\*Last (Family) Name:

\*Mailing Address

Business    Home

Email Address:

Affiliation:

Street Address:

City:

State:

Zip Code:

Country:

Phone Number:

Arrival Date and Airport:

Departure date and Airport:

Flight Number:    Arrival-

Departure-

How long will you stay in Japan?:

Where will you stay in Japan?:

Nearest Japanese Consulate: