**E-mail: isms2019@jtbcom.co.jp**

**Deadline: February 4, 2019 (JST)**

 

**Advance Registration Form**

Please type or print information and check appropriate boxes.

**Title:** [ ] Prof. [ ] Dr. [ ] Mr. [ ] Ms. **Gender:** [ ] Male [ ]  Female

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | ((Family name)) | ((Middle name)) | ((Given name)) |
| 　      | 　      | 　      |
| **Affiliation** | 　      |
| **Department** |       |
| **Post Address** |       |
| **Phone** |       | **Fax** |       |
| **E-mail** |       |

**Advance Registration Fee:**

|  |  |  |
| --- | --- | --- |
| [ ]  | **JPY 13,000** | **Non-Student** |
| [ ]  | **JPY 12,000** | **Banquet** |
| **JPY**       | **Total of the Amount** |

**Confirmation:**

On receipt of this form, a confirmation e-mail will be sent to you.

Upon receiving the payment at meeting venue, Name badge and meeting materials will be handed.

**Payment:**

The Advance Registration Fee will be collected in CASH in Japanese yen at the Registration Desk on-site.

**Contact: ISMS2019 Secretariat\***

JTB Communication Design, Inc.

E-mail: isms2019@jtbcom.co.jp

\*ISMS2019 Secretariat will handle the registration of oversea participants for 139th Annual Meeting of the Pharmaceutical Society of Japan.