**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](mailto:isms2019@jtbcom.co.jp)

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