**The 18th Congress of the Japanese Society for Regenerative Medicine**

**Pre-Registration Form**

|  |
| --- |
| **Deadline February 12, 2019** |

**Personal Information：Please fill in the blanks.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Family |  | | | First |  | | |
| Chinese(if any) |  | | |  | | |
| Affiliation | (University, hospital etc） | | | | | | | |
| Department |  | | | | | | | |
| Address |  | | | | | | | |
| Postal Code | |  | | Country | |  | |
| Phone |  | | | | Fax | |  | |
| E-mail |  | | | | | | | |
| JSRM Membership | Member　 Non-member | | | Membership Number  (if any) | | | |  |
| Sex | Male　 　　 Female | | | | | | | |

**Registration Fee：Please choose**

|  |  |  |
| --- | --- | --- |
| Registration Category | | Pre-registration Fee |
| JSRM Member | | JPY 13,000 |
| JSRM Non-member | | JPY 25,000 |
| Graduate Students | JSRM Member | JPY 7,000 |
| JSRM Non-member | JPY 8,000 |
| Welcome Reception | | JPY 2,000 |

\*Graduate student must provide a copy of Student ID or a certified document to prove the personal status.

**Payment Methods：All payment must be made in Japanese Yen.**

（Visa MasterCard JCB　Amex DinersClub　）

|  |  |  |  |
| --- | --- | --- | --- |
| Credit　Card Number |  | Date of Expiry | / (mm/yy) |
| Card　Holder’s Name |  | | |

Registration Desk for 18JSRM

E-mail: reg-18jsrm@convention.co.jp / Fax: +81-3-5549-4623