**Early Registration Sheet for CBS2018**

Please fax (+81-19-624-5030) or send an e-mail to ([soc-cbs2018-reg@iwate-med.ac.jp](mailto:soc-cbs2018-reg@iwate-med.ac.jp)).

I want to register as follows;

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Registration Date |  | | year | |  | | month | |  | | | day |
| Check the box you will pay | Pre-registration  (2018/1/1～2018/3/31) | | | | Students | | | | \ 5,000 | |  | |
| Medical Technologists | | | | \ 12,000 | |  | |
| Others | | | | \ 27,000 | |  | |
| Name | First |  | | Middle | |  | | Given | |  | | |
| Country |  | | | | | | | | | | | |
| Zip code |  | | | | | | | | | | | |
| Address |  | | | | | | | | | | | |
| Affiliation |  | | | | | | | | | | | |
| Degree | Professor M.D. M.T. Industry Other | | | | | | | | | | | |
| Telephone Number |  | | | | | | | | | | | |
| FAX Number |  | | | | | | | | | | | |
| e-mail address |  | | | | | | | | | | | |
| Questions, Opinions or Requests (if necessary) |  | | | | | | | | | | | |

**Early Registration Sheet for CBS2018**

(Example)

Please fax (+81-19-624-5030) or send an e-mail to fkikuchi@iwate-med.ac.jp.

I want to register as follows;

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Registration Date | 2017 | | year | | 11 | | month | | 15 | | | day |
| Check fees you will pay | Pre-registration  (2018/1/1～2018/3/31) | | | | Students | | | | \ 5,000 | |  | |
| Medical Technologists | | | | \ 12,000 | | X | |
| Others | | | | \ 27,000 | |  | |
| Name | First | Taro | | Middle | | I | | Given | | Morioka | | |
| Country | Japan | | | | | | | | | | | |
| Zip code | 020-8505 | | | | | | | | | | | |
| Address | 19-1 Uchimaru, Morioka | | | | | | | | | | | |
| Affiliation | Department of Clinical Laboratory, Iwate Medical University Hospital | | | | | | | | | | | |
| Degree | M.T. | | | | | | | | | | | |
| Telephone Number | +81-19-651-5111 | | | | | | | | | | | |
| FAX Number | +81-19-624-5030 | | | | | | | | | | | |
| e-mail address | tmorioka@iwate-med.ac.jp | | | | | | | | | | | |
| Questions, Opinions or Requests (if necessary) |  | | | | | | | | | | | |