**Early Registration Sheet for CBS2018**

Please fax (+81-19-624-5030) or send an e-mail to (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) |  |