

FAX REGISTRATION FORM

Please fill in the Registration Form and send a fax to:

FAX : +81-11-823-9552

Higashi Sapporo Hospital

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Sapporo, 003-8585 Japan

TEL: +81-11-812-2311

office@sapporoconference.com

* Required.

*Title Mr. Ms. Dr. Prof. Other()

* Given name(s)

* Surname(Last name)

* Email address

* Affiliation

*If you do not have any affiliation, write "N/A" .

* Department

* Occupation Doctor Nurse Pharmacist Other ()

* Country

* Zip/Postal Code —

* Prefecture *Japan residents only.

* Mailing Address Office Home

* Phone Extension :

* Fax

Workshop I would like to register for the workshop.

Email Newsletter I would like to receive information about Sapporo Conference.

Remarks