

Th10th Germans- Japanese Society of Dermatology

Post-Congress Meeting in Tokyo

RegistrationForm (SAMPLE)

Name	First name Tomonobu	Surname Ito	Middle initial
Title	Prof. <input checked="" type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> (Please check or change color on your title)		
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Department	Department of Dermatology		
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Registration Category	Active Participant (member) <input checked="" type="checkbox"/> Active Participant (non- member) Accompanying person (Please check or change color on your category)		
Social program	Free charge for all Social programs (Please check or change color on your category)		
Social Gathering (evening Nov 18)	<input checked="" type="checkbox"/> Attend	Not Attend	
Bus tour (afternoon Nov 19)	<input checked="" type="checkbox"/> Attend	Not Attend	
Farewell dinner (evening Nov 19)	<input checked="" type="checkbox"/> Attend	Not Attend	

Please send this form to Tomonobu Ito by e-mail

e-mail address : yuki_y@tokyo-med.ac.jp