**Registration Form**

Please fill the red parts and send this form to [mikis@med.kobe-u.ac.jp](mailto:mikis@med.kobe-u.ac.jp) till Sep 30th, 2020.

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**Position:**  Professor

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**For Japanese attendee: please check either of these two**

* **I will attend by real-style**
* **I will attend by virtual style**