**Registration Form**

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

**Name:**  Akira Suzuki MD, PhD

**Affiliation:** Kobe Univ Grad School of Med, Japan

**Position:**  Professor

**e-mail address:**  suzuki@med.kobe-u.ac.jp

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

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