**REGISTRATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | First Middle | | | Sex | M F |
| Family | | |
| Title | 1. Dr. 2. Mr. 3. Ms. 4. Other ( ) | | | | |
| Affiliation |  | | | | |
| Age | 1. 19 years or younger 2. 20 – 29 years 3. 30 – 39 years 4. 40 – 49 years   5. 50 – 59 years 6. 60 – 69 years 7. 70 – 79 years 8. 80 years or older | | | | |
| Occupation  (choose one) | 1. Physician 2. Nurse 3. Pharmacist 4. Clinical engineer   5. Physical therapist 6. Occupational therapists  7. Speech-language-hearing therapist 8. Clinical technologist  9. Registered dietitians, dietitians 10. Basic scientist 11. Student  12. Company staff 13. Other ( ) | | | | |
| Interested  Field  (multiple choices allowed) | 1. Respiration 2. Circulation 3. Central nerves 4. Liver 5. Kidney   6. Gastrointestinal tract 7. Blood coagulation 8. Immunology  9. Nutritional metabolism 10. Sepsis, multiple organ failure  11. Trauma, heat burn 12. Cardiopulmonary resuscitation  13. Analgesia, sedation 14. System; e.g. rapid response system  15. Other ( ) | | | | |
| TEL |  | FAX |  | | |
| E-mail |  | | | | |

We ensure that the personal information we collect will be used only for the JSICM2018 Meeting.

Registrants will receive the announcement for the next JSICM Meeting.