**REGISTRATION FORM**

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| --- | --- | --- | --- |
| 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 therapists7. Speech-language-hearing therapist 8. Clinical technologist9. Registered dietitians, dietitians 10. Basic scientist 11. Student12. 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 system15. 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.