

JRC2019 Registration Form (Overseas participant)

Name	
Organization	
Country	

**This Questionnaire is required for registration.
Please fill the following and submit when you register.
We appreciate your kind cooperation.**

1. Please check the conference you plan to mainly attend (please select 1)

- ☐ JRS (The 78th Annual Meeting of the Japan Radiological Society)
- ☐ JSRT (The 75th Annual Meeting of the Japanese Society of Radiological Technology)
- ☐ JSMP (The 117th Scientific Meeting of the Japan Society of Medical Physics)

2. How did you learn about this meeting?

- ☐ The society's website ☐ Friend who is a society member ☐ My society
- ☐ Publicity I saw at another meeting: ☐ RSNA ☐ ECR ☐ AOCR ☐ Other _____
- ☐ Affiliated corporation informed me ☐ Other _____

3. What are your objectives for attending the meeting?
(Please select as many answers as apply.)

- ☐ To acquire credit toward CME or a qualification
- ☐ To present a paper
- ☐ To listen to presentations
- ☐ To attend both the meeting and exhibition
- ☐ Other (_____)

4. What is your profession? (Please select 1)

- ☐ Radiologist ☐ M.D., other than radiology ☐ Medical physicist
- ☐ Radiographer, radiological technologist
- ☐ Biomedical equipment technician ☐ Physical therapist
- ☐ Occupational therapist ☐ Nurse ☐ Affiliated with a hospital
- ☐ Affiliated with an organization/association
- ☐ Educational institution ☐ Public sector ☐ Research institution
- ☐ Corporate member of Japan Medical Imaging & Radiological Systems Industries Association
- ☐ Sponsor ☐ Other corporation ☐ Other (_____)