

# The 6<sup>th</sup> World Congress of Perinatal Medicine's

## Babysitting Service Manual

- Reservation / Cancellation

Reservation should be made by August 31. Please download the application form and send it by fax to the Technical Secretariat. Application will be accepted until it reaches to maximum enrollment. Cancellation should be made by August 31.

- Service Hour

Babysitting service is available from 8:00-18:00, Sept. 13-16, at the babysitting room on the 3<sup>rd</sup> floor of West Wing, Rihga Royal Hotel, adjacent to the venue.

- Fees / Payment

1,000 YEN for each child per day. Payment should be made on site during the congress. Please go to the registration desk at the Osaka International Convention Center where you will receive a babysitting service ticket upon payment. Please bring the ticket to the babysitting room.

- Children

Healthy children at the age of 0 to 5 are admissible.

- Babysitters

Qualified professionals take care of the children.

- Necessity

Please bring your own diapers, formula, a feeding bottle, foods and drinks if necessary.

- Conditions

- If an emergency should arise on the health condition of child and medical advice or treatment should be required, the parent of the child must pay all expenses incurred.
- The parent must notify us if he/she is unable to pick up their child at the appointed time. Failure to do so may result in reporting to the congress committee.

Send to: FAX No. +81-6-6221-5938 by August 31, 2003

Technical Secretariat of the 6<sup>th</sup> World Congress of Perinatal Medicine  
: Ms. Domoto ([wcpm6@convention.co.jp](mailto:wcpm6@convention.co.jp))

Application for Babysitting Service

Name of Child	First: _____	Last: _____
Age of Child	_____ years and _____ months old	
Name of Parent	First: _____	Last: _____
E-mail Address	_____	
TEL Number	_____ (Country: _____ )	
Fax Number	_____	

	Service Hours ( Open 8:00 18:00 )
Saturday, Sept. 13	: - :
Sunday, Sept. 14	: - :
Monday, Sept. 15	: - :
Tuesday, Sept. 16	: - :

Consent Form

To : The 6<sup>th</sup> World Congress of Perinatal Medicine

Name of Child : \_\_\_\_\_

Date of Birth : (day) \_\_\_\_\_ / (month) \_\_\_\_\_ / (year) \_\_\_\_\_

By signing my name, I hereby understand and agree upon the content of  
The 6<sup>th</sup> World Congress of Perinatal Medicine's Babysitting Service Manual.

Date: (day) \_\_\_\_\_ / (month) \_\_\_\_\_ / 2003

Name of Parent : \_\_\_\_\_

Signature : \_\_\_\_\_