Pre-registration Form for 57th Annual Conference of the Japanese Society of Pediatric Dentistry

Personal data of applicant

First Name			
Middle Name			
Last Name			
Organization			
Dept./Section			
Area Code			
Country			
Address			
Phone Number			
Fax Number			
E-MAIL			
KAPD (Korean Acader (If you are a member of		my of Pediatric Dentistry) member ID of KAPD)	
Pre-r	egistra	ation	
		12,000 JPY	
	Para-denta	al: 6,000 JPY	
	KAPD mer	mber ID, Undergraduate student: Free of Charge	
Banq	uet on .	June 10	
	Join: 8,00	0 yen	
	No		
Meth	od of Pa	ayment	
		sfer only for resident(s) in Japan	
	Credit card		

Pre-registration deadline: April 30, 2019 FAX +81-11-221-5491 E-mail s-convention-1@or.knt-h.co.jp