JSA/WAO Joint Congress 2020 Online System

P.2~ **My Page Registration**

To submit your abstracts and to pre-register online, please create your My page to get started.

演題投稿(英語）および事前参加登録の為に
まず、My Pageを作成してください。
必要入力情報
氏名、E-mail アドレス, Password設定
***My page作成は、E-mailアドレス1つで１回のみ登録可能です。**

1. My Page Registration

2. Confirmation e-mail will be sent to your registered e-mail address.

登録完了後、自動送信メールが届きます。

3. Please confirm your e-mail address by clicking on URL contained in the email message. This will complete My Page registration.

自動送信メールに記載のURLをクリックし、My Page登録完了です。

Log in to your My page to Submit abstracts/ register online.

My page ログイン後、演題投稿・参加登録が可能です。

P.5~

Abstract Submission

This is "Call for Abstracts" page. You can submit your abstract(s) for oral or poster Presentations.

一般演題（英語）投稿ページです。口演(ミニシンポジウム）・ポスターセッションへの演題投稿を受付けます。

Invited Sessions Abstract Submission

This is for invited speakers to submit abstract(s) for keynote, plenary, symposia and educational lectures/ seminars.

特別プログラム(英語）用演題投稿ページです。

P.10~

Online Pre-Registration

Please register to the Joint Congress from here.

事前参加登録ページに進みます。

My page registration

マイページを作成します。

Attention
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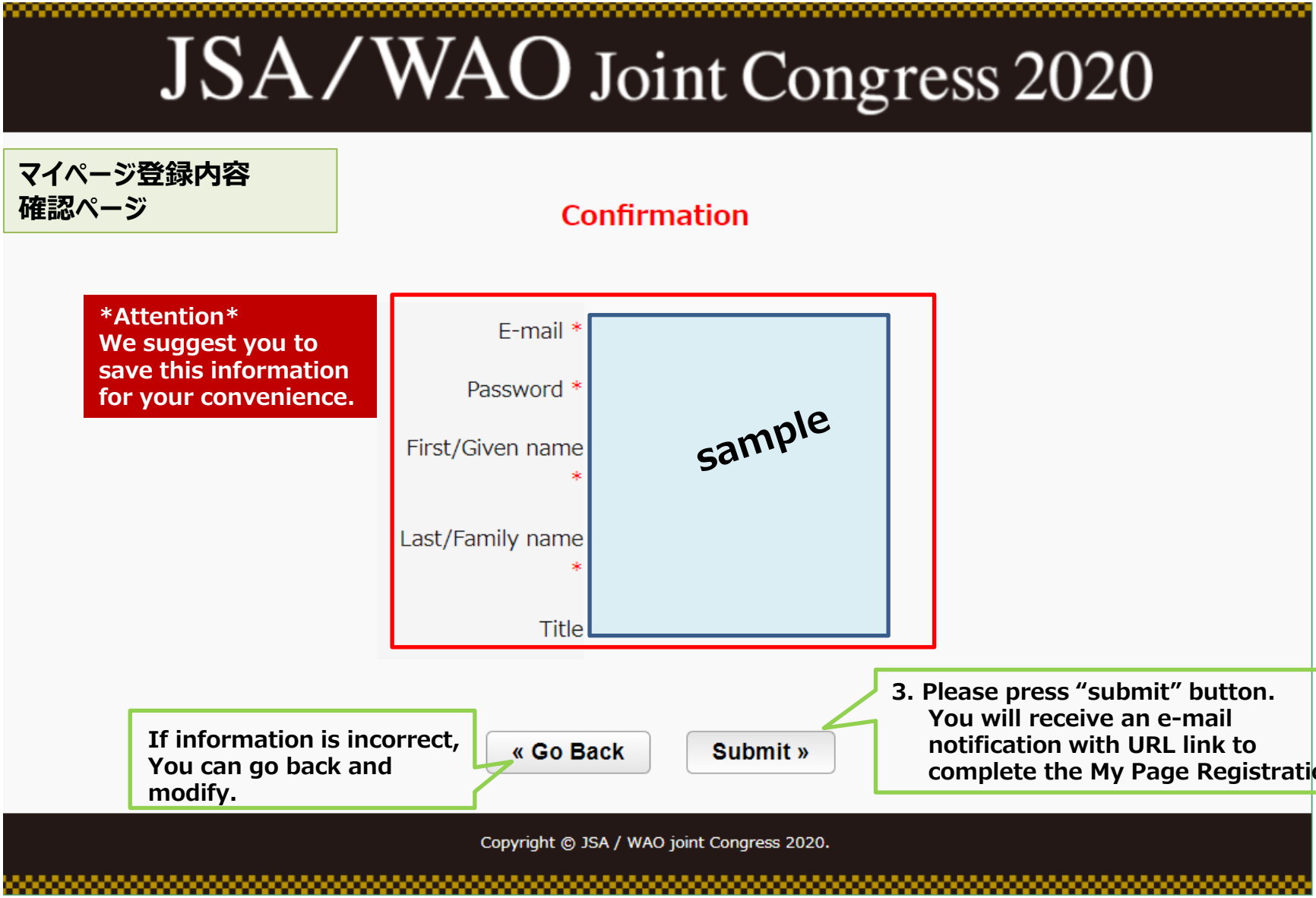
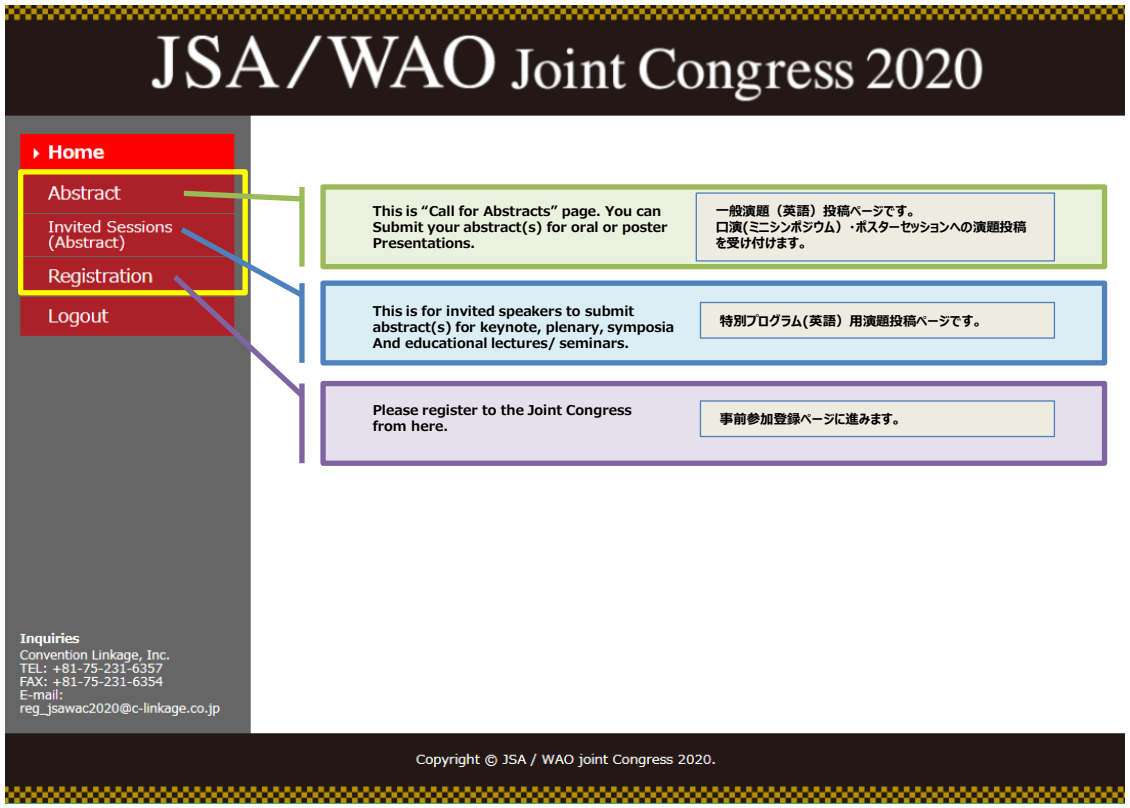


Log in to your My page to Submit abstracts/ register online.

Once you created your My page account,
You can register and submit abstract(s) from My page.

My page ログイン後、演題投稿・参加登録が可能です。



Abstract Submission（一般演題（英語）投稿）

Please enter your information.

必要情報を入力してください。

Abstract Submission

- Items marked with * are mandatory.
- The information that you provide here will be used for an abstract book or other congress materials.
- Please contact the Secretariat for any inquiries.
  E-mail : abs_jsawac2020@c-linkage.co.jp

•Name

First Name *	Satou *(ex. James)*
Middle Initial	*(ex. F.)*
Family Name *	Tarou *(ex. Wilson)*
Title *	○ Prof. ○ Dr. ◉ Mr. ○ Ms. ○ Other ( )
Presenter	○ When the author is a presenter, please check here.

•Affiliation

Department and Affiliation *	*(ex. Department of Dermatology, Tokyo Hospital)*
City and State *	*(ex. Chiyoda-ku, Tokyo)*
Country *	- Select - ▼ *(ex. Japan)*
Affiliation No. Select	☑ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

•Mailing Address

Home or Office *	○ Home ◉ Office
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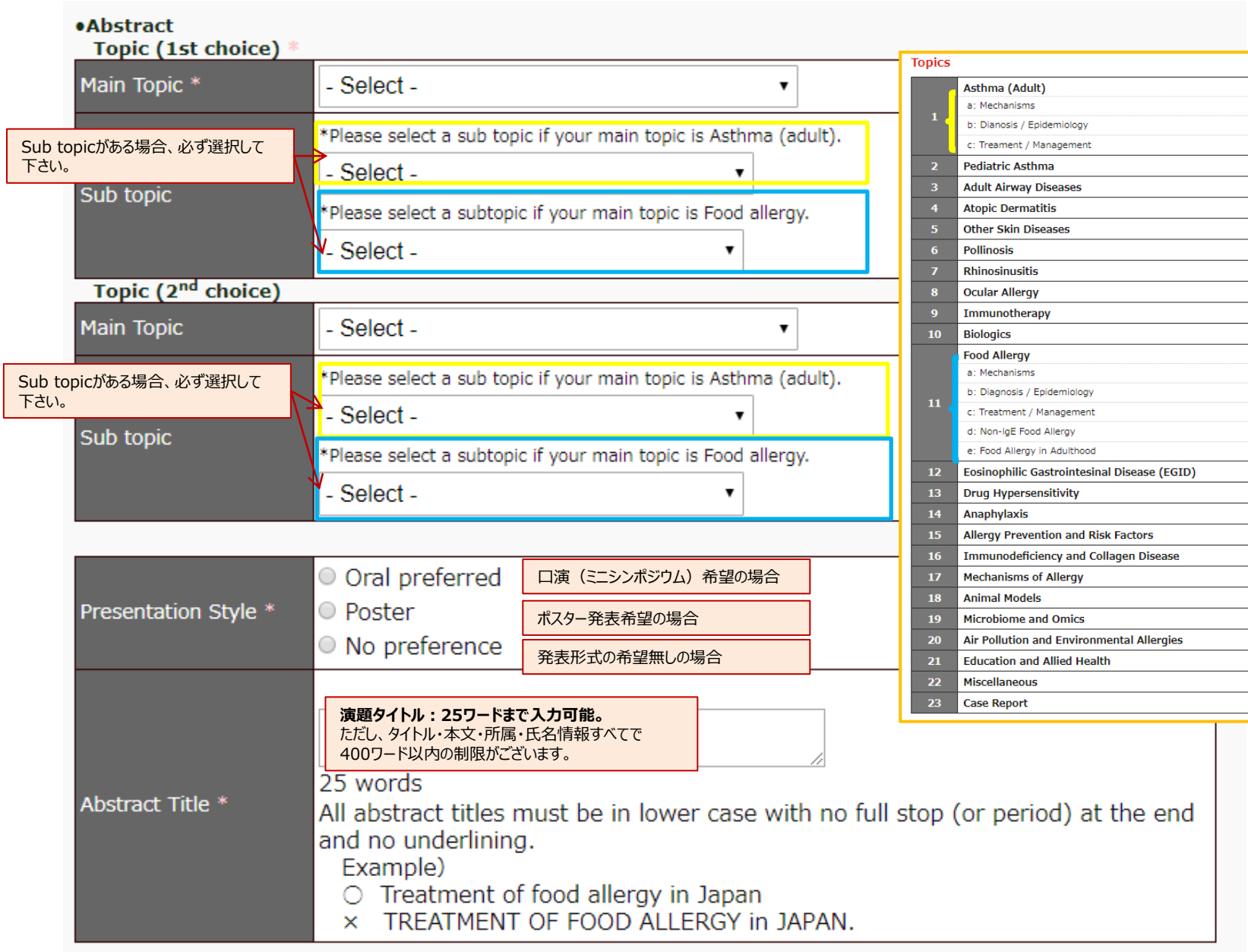
City *	*(ex. Chiyoda-ku)*
State (Prefecture) *	*(ex. Tokyo)*
Zip/Postal Code *	*(ex. 111-2222)*
Country/Region *	- Select - ▼
TEL *	+ - *(ex. 81-3-1234-5678)* Starting with the country code.
FAX	+ - *(ex. 81-3-8765-4321)* Starting with the country code.
E-mail *	fujita@secretariat.ne.jp *(ex. abs_jsawac2020@c-linkage.co.jp)*
E-mail * (for confirmation)	
JSA Member's ID	(If you are a Non-JSA member or applying to become a member, please enter "99" to continue.)

ご所属が日本国内の方の場合、
必ず入力してください。
非会員・会員申請中の方は、99と入力してください。

Abstract Submission （一般演題（英語）投稿）



Abstract Submission（一般演題（英語）投稿）

Abstract Text *

220 Words

本文330ワードまで入力可能。
ただし、タイトル・本文・所属・氏名情報すべてで
400ワード以内の制限がございます。

Preview 220 words at maximum

•COI

COI *

"We remind authors that all accepted abstracts will be checked for plagiarism." By checking this box, the authors confirm they have obtained written, informed consent of patients (or parents of children and adolescents) to publish their cases.

内容に同意し、チェックしてください。

Confirmed.

•Affiliations

List of affiliations--Maximum of 20

2	Department and Affiliation	(Ex. Department of Dermatology, Tokyo Hospital)
	City and State	(Ex. Chiyoda-ku, Tokyo)
	Country	- Select - (ex. Japan)
3	Department and Affiliation	
	City and State	
	Country	- Select -
4	Department and Affiliation	
	City and State	
	Country	- Select -
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所属情報は、最大20施設まで入力可能。
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Abstract Submission（一般演題（英語）投稿）

著者情報は、筆頭著者を含み
最大20名まで入力可能。
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400ワード以内の制限がございます。

•Co-authors

List of co-authors--Maximum of 20

■2.Co-author

First Name	(Ex. Hanako)
Middle Initial	(Ex. K.)
Family Name	(Ex. Tanaka)
Affiliation No. Inputted above	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20
Presenter	○ When the co-author 2 is a presenter, please check here.

■3.Co-author

First Name	
Middle Initial	
Family Name	
Affiliation No. Inputted above	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20
Presenter	○ When the co-author 3 is a presenter, please check here.

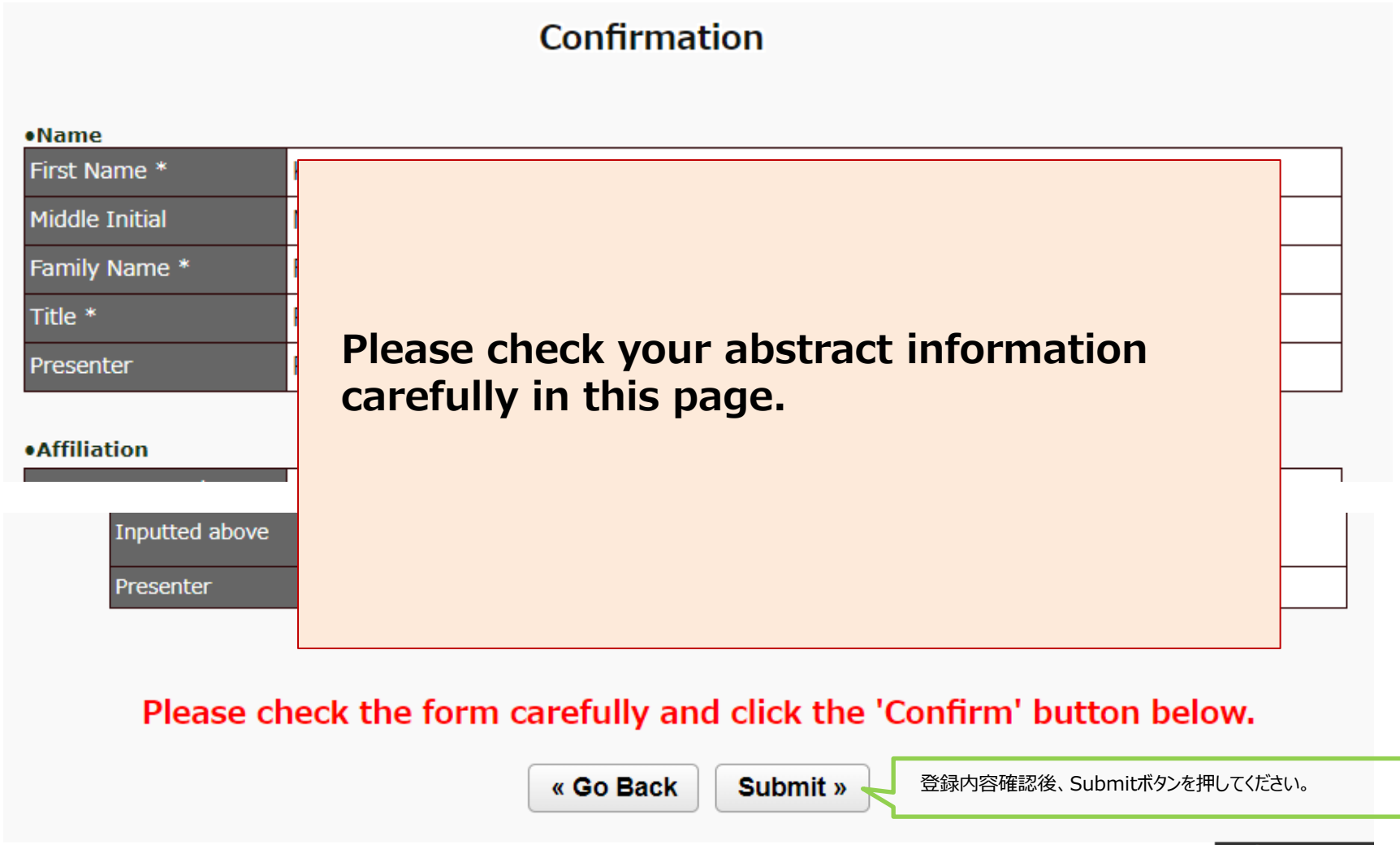
■4.Co-author

First Name	
Middle Initial	
Family Name	
Affiliation No. Inputted above	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20
Presenter	○ When the co-author 4 is a presenter, please check here.

■5.Co-author

First Name	
Middle Initial	
Family Name	
Affiliation No. Inputted above	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20
Presenter	○ When the co-author 5 is a presenter, please check here.

Abstract Submission（一般演題（英語）投稿）



Pre-Registration (事前参加登録)

Please enter your personal information.

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Registration Form

- Items marked with * are mandatory.
- Please contact the Secretariat for any inquiries.
  E-mail : reg_jsawac2020@c-linkage.co.jp

Payment Method : Credit Card payment only. (We accept Visa and MasterCard)
事前参加登録はクレジットカード支払いのみ受付けます。その他の方法をご希望の場合は、運営事務局までまずご連絡ください。

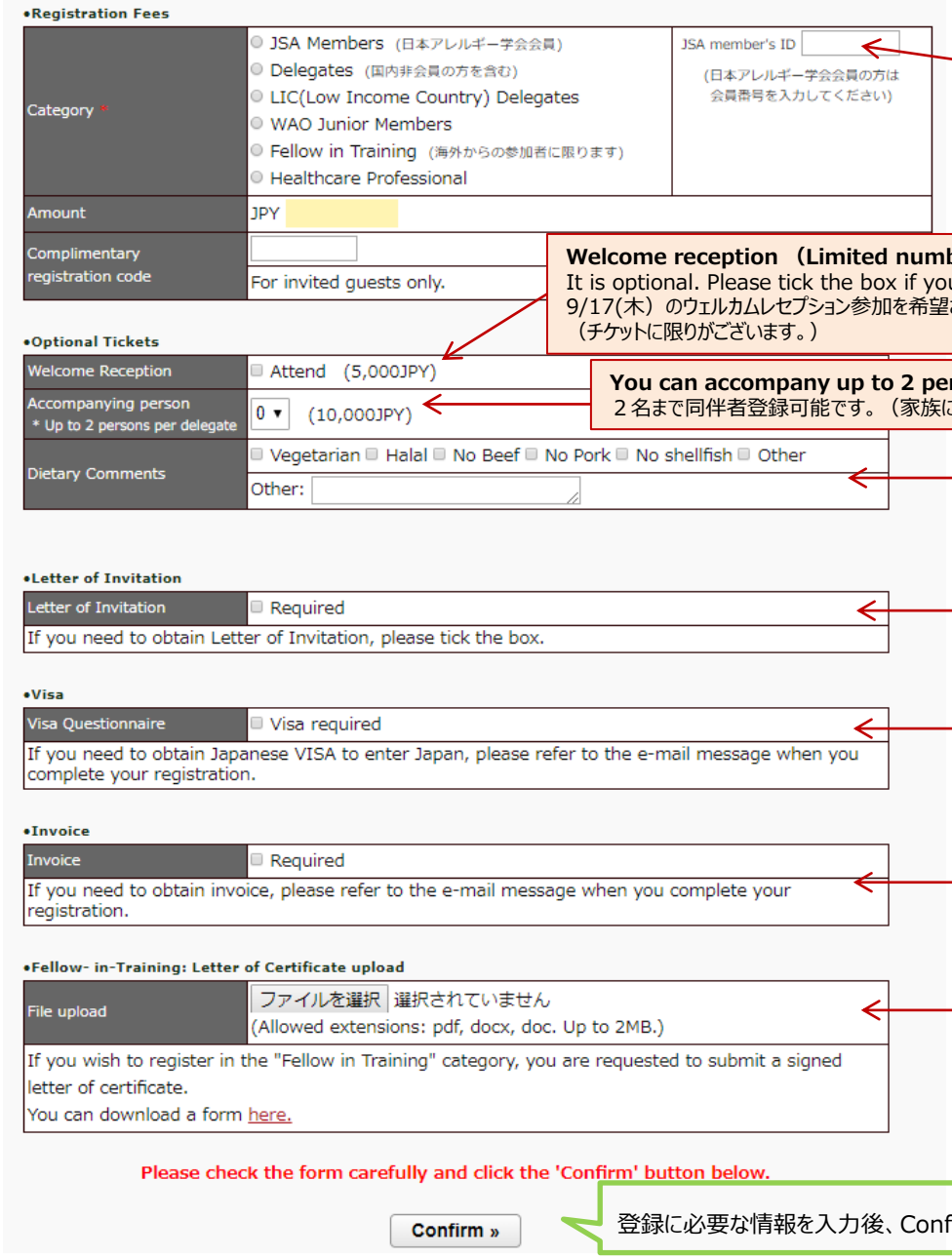
•Personal Information - This information will appear on your name badge.

Title *	◉ Mr. ○ Ms. ○ Prof. ○ Dr. ○ Other ( )
First/Given Name *	Last/Family Name *
Job Title	
Affiliation *	
Department	

•Address

Contact *	◉ Office ○ Home
Street *	*(ex. 2 sanbancho)*
City/State *	*(ex. Chiyodaku)*
State/Province *	*(ex. Tokyo)*
Postal Code *	*(ex. 102-0075)*
Country *	- Select -
Phone *	+ *(ex. 81-3-3263-8695)*
FAX	+ *(ex. 81-3-3263-8693)*
E-mail Address *	*(ex. reg_jsawac2020@c-linkage.co.jp)*
Re-enter E-mail Address *	

Pre-Registration (事前参加登録)



•Registration Fees

Category *	JSA Members (日本アレルギー学会会員) Delegates (国内非会員の方を含む) LIC(Low Income Country) Delegates WAO Junior Members Fellow in Training (海外からの参加者に限ります) Healthcare Professional	JSA member's ID (日本アレルギー学会会員の方は会員番号を入力してください)
Amount	JPY	
Complimentary registration code	For invited guests only.	

•Optional Tickets

Welcome Reception	Attend (5,000JPY)
Accompanying person * Up to 2 persons per delegate	0 (10,000JPY)
Dietary Comments	Vegetarian Halal No Beef No Pork No shellfish Other Other:

•Letter of Invitation

Letter of Invitation	Required
If you need to obtain Letter of Invitation, please tick the box.	

•Visa

Visa Questionnaire	Visa required
If you need to obtain Japanese VISA to enter Japan, please refer to the e-mail message when you complete your registration.	

•Invoice

Invoice	Required
If you need to obtain invoice, please refer to the e-mail message when you complete your registration.	

•Fellow- in-Training: Letter of Certificate upload

File upload	ファイルを選択 選択されていません (Allowed extensions: pdf, docx, doc. Up to 2MB.)
If you wish to register in the "Fellow in Training" category, you are requested to submit a signed letter of certificate. You can download a form here.	

Please check the form carefully and click the 'Confirm' button below.

Confirm »

This section is mandatory if you wish to register as a JSA member.

Welcome reception (Limited numbers available)
It is optional. Please tick the box if you wish to participate.
9/17(木) のウェルカムレセプション参加を希望される場合、選択してください。
(チケットに限りがございます。)

You can accompany up to 2 persons. Family members only.
２名まで同伴者登録可能です。(家族に限る)

Please inform us you dietary requests.
食事制限等ある場合、お知らせください。

所属機関等に提出が必要な場合のみ選択してください。

日本入国の為に、ビザ書類の発行が必要な場合のみ選択してください。

請求書発行が必要な場合のみ選択してください。

参加登録カテゴリがFellow in Trainingの方は提出必須です。
＊海外からの参加者のみこのカテゴリでの登録が可能です。

登録に必要な情報を入力後、Confirmボタンを押してください。

Pre-Registration (事前参加登録)

Pre-Registration (事前参加登録)

JSA/WAO Joint Congress 2020

Registration　Confirmation　>> **Payment**　Completion

Credit-Card Transaction

Amount	
Name	**Your information here.**
Registration Date	

Credit Card	
Card Company	VISA Visa　MasterCard MASTER
Number of Credit Card	
Expiry/Expriration Date	
SecurityCode	

Your credit card information here.
We accept Visa and MasterCard.
事前参加登録のお支払いは、クレジットカード（Visaまたは、MasterCard）にて受付けます。
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参加登録後の取り消し、及び参加区分の変更はお受けいたしかねます。
お支払いいただいた参加登録費は理由の如何に関わらず返金いたしませんので、二重登録にご注意ください。

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ご登録メールアドレスに送付されま
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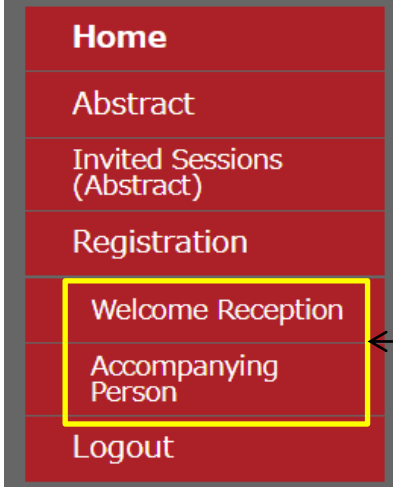
Sample



Information

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Inquiries:

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