

P.2~

My Page Registration

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演題投稿(英語) および事前参加登録の為に
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P.5~

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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。

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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~

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JSA/WAO Joint Congress 2020

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Title ☐ Mr. ☐ Ms. ☐ Prof. ☐ Dr.

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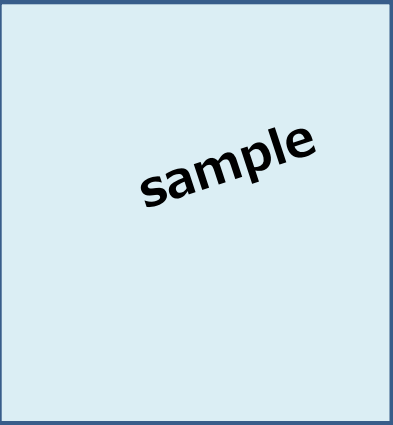
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Title *	☐ Prof. ☐ Dr. ☒ Mr. ☐ Ms. ☐ Other ()
Presenter	☒ When the author is a presenter, please check here.

•Affiliation

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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

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Abstract Submission (一般演題 (英語) 投稿)

●Abstract

Topic (1st choice) *

Main Topic *

- Select -

Sub topicがある場合、必ず選択して下さい。

*Please select a sub topic if your main topic is Asthma (adult).

- Select -

Sub topic

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Topic (2nd choice)

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Sub topic

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Presentation Style *

☐ Oral preferred

口演 (ミニシンポジウム) 希望の場合

☐ Poster

ポスター発表希望の場合

☐ No preference

発表形式の希望無しの場合

Abstract Title *

演題タイトル : 25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
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25 words

All abstract titles must be in lower case with no full stop (or period) at the end and no underlining.

Example)

○ Treatment of food allergy in Japan

× TREATMENT OF FOOD ALLERGY in JAPAN.

Topics

1	Asthma (Adult)
	a: Mechanisms
	b: Diagnosis / Epidemiology
	c: Treatment / Management
2	Pediatric Asthma
3	Adult Airway Diseases
4	Atopic Dermatitis
5	Other Skin Diseases
6	Pollinosis
7	Rhinosinusitis
8	Ocular Allergy
9	Immunotherapy
10	Biologics
11	Food Allergy
	a: Mechanisms
	b: Diagnosis / Epidemiology
	c: Treatment / Management
	d: Non-IgE Food Allergy
	e: Food Allergy in Adulthood
12	Eosinophilic Gastrointestinal Disease (EGID)
13	Drug Hypersensitivity
14	Anaphylaxis
15	Allergy Prevention and Risk Factors
16	Immunodeficiency and Collagen Disease
17	Mechanisms of Allergy
18	Animal Models
19	Microbiome and Omics
20	Air Pollution and Environmental Allergies
21	Education and Allied Health
22	Miscellaneous
23	Case Report

Abstract Submission (一般演題 (英語) 投稿)

Abstract Text *

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•COI

COI *

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●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.	

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■ 3.Co-author

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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
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Job Title		
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Contact *	☒ Office ☐ Home	
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City/State *		(ex. Chiyodaku)
State/Province *		(ex. Tokyo)
Postal Code *		(ex. 102-0075)
Country *	- Select - ▼	
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Amount	JPY	
Complimentary registration code		For invited guests only.

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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:

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 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。)

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 2名まで同伴者登録可能です。(家族に限る)

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

•Letter of Invitation

Letter of Invitation	☐ Required
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参加登録カテゴリがFellow in
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Name	
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Card Company	 ☒ Visa  ☐ MASTER
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