

JRC2020 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 79th Annual Meeting of the Japan Radiological Society)
 JSRT (The 76th Annual Meeting of the Japanese Society of Radiological Technology)
 JSMP (The 119th 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 (_____)