JRC2016 Registration Form (Overseas participant)

Name		
Organization		
Country		
Questionnaire		

Questionnaire (To complete your registration, we would be grateful for your cooperation to answer the following questions.)

1. Please check the conference you plan to mainly attend (Please select 1)	
 □ JRS (The 75th Annual Meeting of the Japan Radiological Society) □ JSRT (The 72nd Annual Scientific Congress of the Japanese Society of Radiological Technology) □ JSMP (The 111th Scientifi-c 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 Radiological Technologist Radiographer Biomedical equipment technician Physical Therapist Medical Physicist 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 	

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