

## 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 (\_\_\_\_\_)