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| **Reply Form**  **The 21st Congress of Federation of Asia and Oceania**  **Perinatal Society (FAOPS 2020)** |

***Please reply by E-mail:*** [***faops2020@macc.jp***](mailto:faops2020@macc.jp)

***FAX: 81-3-5275-1192***

***no later than December 20, 2019.***

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| **Will you accept our invitation to present at FAOPS 2020?** | | |
| **□ Yes, I will accept. □ No, I cannot accept.** | | |
| **Session Theme** |  | |
| **Please complete with block letters.** | | |
| **Name** | Family Name, First Name Middle Initial | |
| **Photo Data** | Please attach a photograph clearly showing your face. High resolution image files are preferred.  You may attach to the e-mail. | **ATTACH**  **HERE** |
| **Title/Position**  **and**  **Institutional Affiliation** |  | |
| **E-mail** |  | |
| **TEL / FAX** |  | |
| **Address** |  | |
| **Accompanying Person’s Name**  **(If applicable)** | Family Name, First Name Middle Initial | |

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| **Workshop Speaker** | Family Name, First Name Middle Initial |
| **Workshop Speaker’s title and affiliation** |  |
| **Workshop Speaker’s email address** |  |
| **Young Doctor’s name 1** | Family Name, First Name Middle Initial |
| **Young Doctor’s title and affiliation 1** |  |
| **Young Doctor’s email address 1** |  |
| **Young Doctor’s name 2** | Family Name, First Name Middle Initial |
| **Young Doctor’s title and affiliation 2** |  |
| **Young Doctor’s email address 2** |  |
| **Young Doctor’s name 3** | Family Name, First Name Middle Initial |
| **Young Doctor’s title and affiliation 3** |  |
| **Young Doctor’s email address 3** |  |
| **Young Doctor’s name 4** | Family Name, First Name Middle Initial |
| **Young Doctor’s title and affiliation 4** |  |
| **Young Doctor’s email address 4** |  |

***Organizing Secretariat c/o MA Convention Consulting Inc.***

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