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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***

 ***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.***

***E-mail:*** ***faops2020@macc.jp***

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