

APSMI2016日本語入力例

1) プライバシーポリシー画面



11th WSMI Asia-Pacific Regional Conference
3rd APSMI General Assembly Meeting
13 -14 October, 2016

APSMI2016 - How We Handle Personal Information - Privacy Policy

* Please make sure to read and agree the following before starting the registration.

We, Japan Federation of Self-Medication Industries are committed to protect the personal information of the applicants based on the Act on the Protection of Personal Information (personal information protection law in Japan), and shall handle the personal information collected through this registration form as mentioned below.

The personal information that you submit through this form will be used in such cases as the following:

- To put your name, affiliation and country on the participant's list to be distributed to the conference delegates
- To operate and manage the Conference
- To contact you to carry forward your registration procedure
- To provide the information of this Conference and other related Conferences
- When we may need to contact you by some other reasons

For smooth operation of the Conference, we are entrusting the operation of collecting, storing, managing and handling personal information regarding the Conference to the following company, who will act as the Secretariat and Registration Office under a confidentiality agreement.

In case there is an error in your personal information collected for the Conference, please inform the Registration Office to have it corrected or deleted.

Offering personal information is voluntary, but please note without offering the necessary information, you are unable to attend the Conference.

We do not use cookies and/or web beacons to acquire any personal information.

Contact Information of the Registration Office Managing the Personal Information

ICS Convention Design, Inc.
Sales Department 4
Attn: Atsushi Seki (General Manager)
Chiyoda Bldg., 1-5-18, Sarugakucho
Chiyoda-ku, Tokyo 101-8449 Japan
Phone: +81-3-3219-3541

Administrator of Personal Information Collected for the Conference

Tatsuo Kurokawa
President of Japan Federation of Self-Medication Industries

If you agree with the privacy policy, please click "Agree" below, and you can move on to the Registration Form.

Agree

APSMI2016 Registration Office
c/o ICS Convention Design, Inc.
Chiyoda Bldg., 1-5-18, Sarugakucho,
Chiyoda-ku, Tokyo 101-8449, Japan
TEL: +81-3-3219-3600
FAX: +81-3-5283-7256

「APSMI2016プライバシーポリシー」に同意の上、「Agree」（同意する）のボックスにチェックをし「next」（次へ）をクリックするとフォームに移ります

2)-1参加者情報入力 画面

Privacy Policy > Online Registration Form



11th WSMI Asia-Pacific Regional Conference
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Online Registration Form

Please fill in the form in English and Click the "next" button at the bottom of this form.
Complete all fields hereunder marked with "*" .
Please use only alphabet, numbers and following ASCII Codes :!#\$%&'()*~*<>?_~{}+^.
Please do NOT use special characters.

Participant	
Title*	<input type="radio"/> Prof. <input type="radio"/> Dr. <input checked="" type="radio"/> Mr. <input type="radio"/> Ms.
Family Name*	<input type="text" value="Tanaka"/>
Given Name*	<input type="text" value="Taro"/>
Middle Name	<input type="text"/>
Affiliation(Company)*	<input type="text" value="XXX Company"/>
Department	<input type="text" value="XXX Department"/>
Position	<input type="text" value="Chief"/>
Contact*	<input checked="" type="radio"/> Office <input type="radio"/> Home
Street*	<input type="text" value="1-5-18, Sarugakucho"/>
City*	<input type="text" value="Chiyoda-ku"/>
State/Province/Region	<input type="text" value="Tokyo"/>
Zip/Postal Code*	<input type="text" value="101-8449"/>
Country/Region *	<input type="text" value="Japan"/>
Phone*	+ <input type="text" value="81"/> - <input type="text" value="3-3219-3541"/> (ex.) +81-3-3219-3541 <small>(country code)</small>
Fax	+ <input type="text" value="81"/> - <input type="text" value="3-3219-3577"/> (ex.) +81-3-3219-3577 <small>(country code)</small>
E-mail*	<input type="text" value="apsmi2016_reg@ics-inc.co.jp"/>
E-mail*(to confirm)	<input type="text" value="apsmi2016_reg@ics-inc.co.jp"/>

タイトル	大学の先生はProf. 博士号がある方はDr. どちらでもない場合、男性はMr. 女性はMs.です
姓	
名	
	(ミドルネーム)
所属 (会社名)	
	(部門)
	(役職)
勤務先住所/個人住所	
住所 (番地)	
市区町村	
都道府県	
郵便番号	
国	
電話番号	日本の国番号は81です。
	(FAX) 日本の国番号は81です。
メールアドレス	(確認のため再度入力ください)

2)-2 同伴者入力項目

Accompanying Person	
Do you have accompany *	<input checked="" type="radio"/> Yes <input type="radio"/> No * Please note that accompanying person is limited to participant's family NOT get Congress bag (program book, APSMI Country report, memo pack). If they would like to have Congress bag, please have register as "Participant" separately.
Title *	<input type="radio"/> Mr. <input checked="" type="radio"/> Ms.
Family Name *	<input type="text" value="Nakamura"/>
Given Name *	<input type="text" value="Hanako"/>
Middle Name	<input type="text"/>

同伴者（50,000円、参加者の家族のみ）の有無を選択ください。
 *同伴者にはコンgresバックのお渡しはありません。
 コンgresバックが必要な場合は「参加者」登録にてお願いいたします。
 「No」の場合は、以下の入力は不要です。

肩書き 男性はMr. 女性はMs.です

姓

名

(ミドルネーム)

2)-3 参加登録料金項目

Fee	
Participant	JPY100,000 : Early-bird rate (Paid by July 29, 2016)
Accompanying Person	JPY50,000

登録時の参加登録料金が表示されます。
* 同伴者を選択された場合は同伴者料金も表示されます。

Payment Information	
<p>Please make your transfer to the following account: The Bank of Tokyo-Mitsubishi UFJ, Ltd. Shin-Marunouchi Branch 1-4-1 Marunouchi, Chiyoda-ku, Tokyo, 100-0005 Japan Tel: +81-3-3211-2473 Account Name: APSMI2016 Account No.: (Ordinary Account): 3387740 SWIFT Code: BOTKJPJT *Any bank charges including the ones of paying banks or intermediary banks should be borne by the applicants.</p> <p>Please fill in your fixed bank transfer information. If it is unfixed or not sure, you do not need to fill in</p>	
Name of remitter	<input type="text" value="Tanaka Taro"/>
Name of bank where you make remittance	<input type="text" value="XXX Bank"/>
Date of remittance	Month <input type="text" value="6"/> Day <input type="text" value="24"/> Year <input type="text" value="2016"/>

参加登録料金の振込み先の情報が表示されます。

既に参加登録料を振り込まれた、または振込み予定日が確定している場合は以下入力ください。未定の場合は未記入で構いません。

振込人名

送金元銀行名

振込み日時（予定日）

2)-4質問項目

Questionnaire	
1) Will you attend the Welcome Reception on October 12? *	<input checked="" type="radio"/> Attend <input type="radio"/> Attend with accompanying person <input type="radio"/> NOT attend
2) Will you attend the Gala Dinner on October 13? *	<input checked="" type="radio"/> Attend <input type="radio"/> Attend with accompanying person <input type="radio"/> NOT attend
3) Will you need Lunch?	<input checked="" type="checkbox"/> October 13 <input checked="" type="checkbox"/> October 14
3)-2 Will your accompanying person need Lunch?	<Questionnaire for the participant who have accompanying person> <input checked="" type="checkbox"/> October 13 <input checked="" type="checkbox"/> October 14
4) Dietary Requirement *	<input checked="" type="radio"/> Normal Meal <input type="radio"/> Vegetarian Meal <input type="radio"/> Allergy-details <input type="text"/>
4)-2 Dietary Requirement for your accompanying person *	<Questionnaire for the participant who have accompanying person> <input type="radio"/> Normal Meal <input type="radio"/> Vegetarian Meal <input checked="" type="radio"/> Allergy-details <input type="text" value="Haral"/>

1)ウェルカムレセプション (10/12) 出欠
 参加 同伴者と参加 不参加

2)ガラディナー (10/13) 出欠
 参加 同伴者と参加 不参加

3)ランチ希望
 10/13 10/14

3)-2同伴者ランチ希望 (同伴者がいる場合のみ表示)
 10/13 10/14

4)食事の要望
 普通食 ベジタリアン食 アレルギー：詳細[]

4)-2同伴者食事の要望 (同伴者がいる場合のみ表示)
 普通食 ベジタリアン食 アレルギー：詳細[]

next

上記質問項目にご入力のうえ、"next"をクリックしてください

3)入力内容の確認 画面



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Confirmation screen for your registration

*Your registration has not been completed yet.
Please be sure to click the [Submit] button to complete the procedure.

Participant	
Title	Mr.
Family Name	Tanaka
Given Name	Taro
Middle Name	
Affiliation/Company*	XXX Company
Department	XXX Department
Position	Chief
Contact*	Office
Street	1-5-18, Sarugakicho
City	Chiyoda-ku
State/Province/Region	Tokyo
Zip/Postal Code	101-8448
Country/Region*	Japan
Phone*	81 3-3219-3541
Fax	81 3-3219-3577
E-mail*	apsmi2016_reg@ca-inc.co.jp
Accompanying Person	
Do you have accompany?*	Yes
Title	Ms.
Family Name	Tanaka
Given Name	Hanako
Middle Name	
Fee	
Participant*	JPY100,000
Accompanying Person	JPY50,000
Payment Information	
Name of remitter	Tanaka Taro
Name of bank where you make remittance	XXX Bank
Date of remittance	03/15/2016
Questionnaire	
1) Will you attend the Welcome Reception on October 12? *	Attend
2) Will you attend the Gala Dinner on October 13? *	Attend
3) Will you need Lunch? *	October 13 October 14
3)-2 Will your accompanying person need Lunch? *	October 13 October 14
4) Dietary Requirement *	Normal Meal
4)-2 Dietary Requirement for your accompanying person *	Normal Meal

登録はまだ完了していません
入力内容に間違いがないか確認のうえ、“Submit”をクリックしてください

Back Submit

入力内容に問題がなければ、“Submit”をクリックしてください
入力内容を修正したい場合は、“Back”をクリックしてください
*ブラウザの戻るボタンは利用しないでください

4)登録完了画面

Submission Form > Confirm > Complete



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Completion Registration

Registration No. 0014 ← 登録番号
Date of Registration : 2016/03/02 19:53:01

Dear Mr. Tanaka, ← 登録者姓

Thank you for your registration for APSMI2016.
Your registration number is 0014

Reply E-mail

A confirmation will be sent to the registered e-mail address automatically.
If no response has been made within 24 hours, please contact the Registration Office.

Registration Correction

If there is anything to be changed or corrected on your registration data, please contact the Registration Office.

Accommodation Booking

If you would like to proceed to accommodation booking, please click [here](#).

For any inquiries about registration submission, please contact:

APSMI2016 Registration Office
c/o ICS Convention Design, Inc.
Chiyoda Bldg., 1-5-18, Sarugakucho,
Chiyoda-ku, Tokyo 101-8449, Japan
TEL: +81-3-3219-3600
FAX: +81-3-5283-7256
E-mail: apsmi2016_reg@ics-inc.co.jp

登録完了

登録完了メッセージ画面に登録者名と登録番号が表示され、登録が完了します



登録完了画面が出ると同時に自動応答メールが送られます

24時間以内に登録したメールアドレス宛に自動応答メールが送られます
メールが届かない場合は、登録事務局 (apsmi2016_reg@jtbc.com.co.jp) までご連絡ください
また、入力内容の修正を行いたい場合も事務局までご連絡ください