CONFERENCE REGISTRATION FORM

This Form should be returned to Secretariat of Organizing Committee, MEDINFO 80, c/o The Medical Information System Development Center, Akasaka Park Bldg., 2-3-4 Akasaka, Minato-ku Tokyo 107, Japan
(See page 4-7 of the Second Announcement)

Name in Full: Prof./Dr./Mr./Mrs./Miss/Ms./

(Last) (Middle) (First) Sex

Title and Affiliation:__________________________________________________________

Office Address:________________________________________________________________

Accompanying person (s) ______________________________________________________

Name Relationship

A. REGISTRATION FEE (See page 4 of the Second Announcement.)

1. ☐ Advanced registration................................................................. ¥50,000
2. ☐ Full registration.......................................................................... ¥55,000
3. ☐ Pair registration with ☐ IFIP Congress....................................... ¥40,000 A copy of your receipt for IFIP is necessary.

☐ ICCR ☐ ICAMHTS } Appropriate fee shall be paid to each secretariat.

B. EXCURSION on Oct. 2 (See page 13 of the Second Announcement.)

☐ A course (For Kamakura) ¥6,500 X ______ person (s)=¥_______

☐ B course (For Bonsai-mura)

C. FAREWELL PARTY on Oct. 3 (See page 13 of the Second Announcement.)

☐ I (We) will participate................................................................. ¥8,000x _______person (s) = ¥___________

☐ I (We) will not participate.

Total Amount (A + B + C) ¥_____________________

* BANK TRANSFER (No personal check nor traveller’s check will be accepted.)

I am sending the above total amount to the Ordinary Deposit Account No. 0008457 Organizing Committee of MEDINFO 80 TOKYO, The Mitsubishi Bank, Toranomon Branch, Minato-ku, Tokyo, Japan on__________, 1979 (1980) through__________________________

(Name and Address of your Bank)

Date:________________________________________ Your signature:______________________

Registration No.___________________________(for secretariat use)
CALL FOR PAPERS
AND
NOTICE OF INTENTION TO SUBMIT PAPER

Papers are invited for all topics related to the Session Subjects mentioned in the Conference Program.

If you intend to submit a paper, please send a copy of this notice to the Chairman of the Program Committee. Final instructions for preparation of papers and special master typing forms will then be sent to you.

Instructions for preparation of papers must be adhered to in order to make it possible to produce the Proceedings in time for distribution at the Conference. Your paper will have to reach the Chairman of the Program Committee not later than December 10, 1979, including a master and four copies. Maximum length for original papers is five pages including figures and tables.

NOTICE OF INTENTION TO SUBMIT PAPER

(Please type)

Author's name: (Prof. Dr. Mr. Mrs. Miss Ms.)________________________________________

(Last) (Middle) (First)

Mailing Address:_____________________________________________________________

_____________________________________________________________

(Country)

University, Hospital or Other Affiliation:_________________________________________

___________________________________________________________________________

I plan to submit a paper:

Title:____________________________________________________________________

Name of Relevant MEDINFO Session(s):

___________________________________________________________________________

Author's Signature:____________________________ Date:________________________

Please feel free to copy this Notice. Complete a separate Notice for each paper you plan to submit.

Mail to: Morris F. Collen, M. D.
Chairman of MEDINFO 80 Program Committee
Director, Medical Methods Research
Kaiser-Permanente Medical Care Program
3700 Broadway
Oakland, Calif. 94611
U.S.A.
CALL FOR POSTERS
AND
NOTICE OF INTENTION TO SUBMIT POSTER

1. Posters are invited on the topics covered in Group D of the Program (i.e. Available Systems or Products).
2. Authors of papers may submit a Poster. Poster may also be submitted by persons who are not giving papers.
3. Two items are required for authors of Posters:
   A. The author(s) must submit a one-page version of the Poster. This will be reviewed for relevance by the Chairman and Vice Chairman of one of the sessions on Available Systems or Products, and will be reviewed by the Editors for style. Accepted Posters will be printed in this one-page version in the Proceedings of MEDINFO 80.
   B. If the Poster is accepted for presentation, based on review of the one-page version, then the authors will need to prepare a full size Poster i.e. 4 x 5 feet (120 x 150 cm) for display at the MEDINFO 80 meeting.
4. The full size Poster must include the information from the one-page version, and may include additional material at the author's discretion.
5. Please indicate on the form below your intention to submit a Poster. Detailed instructions and a special form for typing the one-page version, typed on the special master form, must reach the Editor by December 10, 1979.

MEDINFO 80 TOKYO
SEPT. 29 — OCT. 4, 1980

NOTICE OF INTENTION TO SUBMIT POSTER

(Please type)

Author's Name: (Prof. Dr. Mr. Mrs. Miss Ms.)
____________________________________________  ________________
                                                    (Last) (Middle) (First)
Mailing Address: ____________________________________________
_________________________________________________________________
                                                 (Country)
University, Hospital and Other Affiliation: ________________________________
________________________________________________________________________________________

I plan to submit a Poster(s):
Title: ____________________________________________________________

Name of Relevant MEDINFO Group Session (s):
________________________________________________________________________

Author's Signature: __________________________________________ Date: ___________________________

Please feel free to copy this Notice. Complete a separate Notice for each Poster you plan to submit.

Mail to: Morris F. Collen, M. D.
Chairman of MEDINFO 80 Program Committee
Director, Medical Methods Research
Kaiser-Permanente Medical Care Program
3700 Broadway
Oakland, Calif. 94611
U.S.A.
APPLICATION FORM
FOR HOTEL ACCOMMODATION

This Form should be returned to MEDINFO 80, c/o Kinki Nippon Tourist Co., Ltd., Foreign Tourist Dept, Jyujya Bldg., 3-5-4 Ginza, Chuo-ku, Tokyo 104, Japan, not later than July 31, 1980.

Name in Full: Prof./Dr./Mr./Mrs./Miss/Ms./m f (Last) (Middle) (First) (Sex)

Title and Affiliation:

Mailing Address:

Accompanying person (s):

I (We) will be arriving on ______________ at ______________ by ______________ (Date) (Airport) (Flight No.)

I (We) will make the travel arrangements through the following agent. _______________________________________________________

HOTEL ACCOMMODATION (in conference area)

<table>
<thead>
<tr>
<th>Name of Hotel</th>
<th>Single bedroom</th>
<th>Twin bedroom</th>
<th>Please book</th>
<th>Length of Stay</th>
<th>Amount of Deposit</th>
</tr>
</thead>
<tbody>
<tr>
<td>A KEIO PLAZA Hotel</td>
<td>¥9,350-12,850</td>
<td>¥-16,500</td>
<td>□A □B □C</td>
<td>Check-in:</td>
<td>@¥10,000x___</td>
</tr>
<tr>
<td>B Shinjuku Prince Hotel</td>
<td>¥7,800-8,500</td>
<td>¥9,000-12,500</td>
<td>___Single room(s)</td>
<td>Check-out:</td>
<td>=¥ _______</td>
</tr>
<tr>
<td>C Hotel Sun-Route</td>
<td>¥7,530</td>
<td>¥9,000</td>
<td>___ Twin room(s)</td>
<td>For ___ nights</td>
<td></td>
</tr>
</tbody>
</table>

*Please write any other hotel if you wish to: _______________________________________________________

Notice: The above prices are room only. No meals are included. Tax (10%) and service charge (8-10%) will be added to the hotel bill.

*Remittance of Deposit Amount

A Banker's draft payable to the order of Kinki Nippon Tourist Co., Ltd., Tokyo Bank Transfer to the account No. 0364878, Bank of Tokyo, Ginza Branch, Chuo-ku, Tokyo, Japan, MEDINFO 80, Kinki Nippon Tourist Co., Ltd. through _______________________________________________________.

(Name and Address of Your Bank) on ______________, 1979(1980)

Date: ___________________________ Your Signature: ___________________________