

MEDINFO 80 TOKYO
(September 29-October 4, 1980)
The 3rd World Conference on Medical Informatics

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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./ _____ m . f
(Last) (Middle) (First) Sex

Title and Affiliation: _____

Office Address: _____

(Country)

Accompanying person (s) _____
 if any Name Relationship

Name Relationship

A. REGISTRAION 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 } Appropriate fee shall be paid to each secretariat.
 ICAMHTS }

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, Toranomom 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 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.**

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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 Reserch
Kaiser-Permanente Medical Care Program
3700 Broadway
Oakland, Calif. 94611
U.S.A.

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**APPLICATION FORM
FOR HOTEL ACCOMMODATION**

This Form should be returned to MEDINFO 80, c/o Kinki Nippon Tourist Co., Ltd., Foreign Tourist Dept, Jyujiya 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: _____

(Country)

Accompanying person (s): _____
If any Name Relationship
Name Relationship
Name Relationship

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

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

(Name and Address of Your Agent)

HOTEL ACCOMMODATION (in conference area)

Name of Hotel	Single bedroom	Twin bedroom		Length of Stay	Amount of Deposit
A KEIO PLAZA Hotel	¥9,350-12,850	¥-16,500	Please book <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C __ Single room(s) __ Twin room (s)	Check-in:	@¥10,000x ____
B Shinjuku Prince Hotel	¥7,800-8,500	¥9,000-12,500		Check-out:	=¥ _____
C Hotel Sun-Route	¥7,530	¥9,000		For ____ nights	

*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: _____