

For New Registration
新規で参加ご登録される方

P.2~ My Page Registration

To register online, please create your My page to get started.

参加登録の為にまず、My Pageを作成してください。

必要入力情報

氏名、E-mail アドレス、Password設定

***My page作成は、E-mailアドレス1つで1回のみ登録可能です。**

1. My Page Registration

2. Confirmation e-mail will be sent to your registered e-mail address.

登録完了後、自動送信メールが届きます。

3. Please confirm your e-mail address by clicking on URL contained in the email message. This will complete My Page registration.

自動送信メールに記載のURLをクリックし、My Page登録完了です。

P.4~

Log in to your My page to Register online.

My page ログイン後、参加登録が可能です。

P.5~

Registration

Please register to the Joint Congress from here.

参加登録ページに進みます。

For Changing the Registration Category
既に参加ご登録お済の方

P.4~

Log in to your My page to Change the Registration Category.

My page ログイン後、参加登録カテゴリの変更が可能です。

If you forget your My page Password, please check the e-mail "JSA/WAO Joint Congress 2020 | My Page Registration Complete" sent when your My page registration is completed.

My Pageのパスワードをお忘れの方は、My page登録完了後にお送りした自動送信メール「JSA/WAO Joint Congress 2020 | My Page Registration Complete」をご確認ください。自動送信メールが届いていない場合は、運営事務局まで (reg_jsawac2020@c-linkage.co.jp)ご連絡ください。

P.10~

Category Change

Please change the registration category from here.

参加登録カテゴリ変更ページに進みます。

マイページを作成します。

JSA/WAO Joint Congress 2020

Please create your My page account to submit your abstract /
to complete your registration.

1. Please enter necessary information to create your My page.

Attention

This system only
allows you to use
one account per
email address.

My page作成は、1つのE-mail
アドレスで1回のみ登録可能です。

E-mail *

Password * (8 to 12 characters)

First/Given name * ex. *Yoko*

Last/Family name * ex. *Tanaka*

Title Mr. Ms. Prof. Dr.

2. Please press "confirm."

Confirm

JSA/WAO Joint Congress 2020

Confirmation

Attention
We suggest you to
save this information
for your convenience.

E-mail *	sample
Password *	
First/Given name *	
Last/Family name *	

Title Ms.

If information is incorrect,
You can go back and
modify.

« Go Back

Submit »

3. Please press "submit" button.
You will receive an e-mail
notification with URL link to
complete the My Page Registration.

Log in to your My page to Register online/ Category Change.

Once you created your My page account,
You can register/ Change the category from My page.

My page ログイン後、参加登録・参加登録カテゴリーの変更が可能です。

JSA/WAO Joint Congress 2020

My page

E-mail address :

Password :

Please enter your e-mail address and Password to log in.

[Make account](#)

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JSA/WAO Joint Congress 2020

- Home
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- Invited Sessions (Abstract)
- Registration**
- Change Category**
- Change Password
- Logout

Please register to the Joint Congress from here.
事前参加登録ページに進みます。 **P.5~**

Please change the category of registration fee
参加登録カテゴリー変更ページに進みます。 **P.10~**

Inquiries
Convention Linkage, Inc.
TEL: +81-75-231-6357
FAX: +81-75-231-6354
E-mail:
BXG05713@nifty.ne.jp

Please enter your personal information.

必要情報を入力してください。

Registration Form

- Items marked with * are mandatory.
- Please contact the Secretariat for any inquiries.
E-mail : reg_jsawac2020@c-linkage.co.jp

Payment Method : Credit Card payment only. (We accept Visa and MasterCard)

参加登録はクレジットカード支払いのみ受け付けます。その他の方法をご希望の場合は、運営事務局までまずご連絡ください。

•Personal Information - This information will appear on your name badge.

Title *	<input checked="" type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Prof. <input type="radio"/> Dr. <input type="radio"/> Other (<input type="text"/>)	
First/Given Name *	<input type="text"/>	Last/Family Name * <input type="text"/>
Job Title	<input type="text"/>	
Affiliation *	<input type="text"/>	
Department	<input type="text"/>	

•Address

Contact *	<input checked="" type="radio"/> Office <input type="radio"/> Home	
Street *	<input type="text"/>	(ex. 2 sanbancho)
City/State *	<input type="text"/>	(ex. Chiyodaku)
State/Province *	<input type="text"/>	(ex. Tokyo)
Postal Code *	<input type="text"/>	(ex. 102-0075)
Country *	<input type="text" value="- Select -"/>	
Phone *	+ <input type="text"/>	(ex. 81-3-3263-8695)
FAX	+ <input type="text"/>	(ex. 81-3-3263-8693)
E-mail Address *	<input type="text"/> (ex. reg_jsawac2020@c-linkage.co.jp)	
Re-enter E-mail Address *	<input type="text"/>	

●Registration Fees

Category *	<input type="radio"/> JSA Members *Including JSA credits (日本アレルギー学会会員 *専門医出席単位が必要な方) <input type="radio"/> JSA Members *NOT including JSA credits (日本アレルギー学会会員 *専門医出席単位が不要な方) <input type="radio"/> Non JSA Members / International Delegates (国内非会員/海外からの参加) <input type="radio"/> Student/Resident/Patient Organization (学部学生・初期研修医・患者会)	
JSA member's ID	<input type="text"/>	(日本アレルギー学会会員の方は会員番号を入力してください)
Amount	JPY	<input type="text"/>
Complimentary registration code	<input type="text"/>	For invited guests only.

This section is mandatory if you wish to register as a JSA member.

●Letter of Invitation

Letter of Invitation	<input type="checkbox"/> Required
If you need to obtain Letter of Invitation, please tick the box.	

所属機関等に提出が必要な場合のみ選択してください。

●Invoice

Invoice	<input type="checkbox"/> Required
If you need to obtain invoice, please refer to the e-mail message when you complete your registration.	

請求書発行が必要な場合のみ選択してください。

●Student card: Letter of Certificate upload

File upload	<input type="button" value="ファイルを選択"/> 選択されていません (Allowed extensions: pdf, docx, doc. Up to 2MB.)
If you wish to register in the "Student/Resident" category, you are requested to submit a student ID or certified by a Head of Department .	

参加登録カテゴリがStudent/Residentの方は提出必須です。

Please check the form carefully and click the 'Confirm' button below.

Confirm »

登録に必要な情報を入力後、Confirmボタンを押してください。

JSA/WAO Joint Congress 2020

[Home](#)

Sample

Registration

>> **Confirmation**

Payment

Completion

Confirmation

Please check your registration information carefully in this page.

File upload

Please check the form carefully and click the 'Submit' button below.

« Go Back

Submit »

登録内容確認後、Submitボタンを押してください。

JSA/WAO Joint Congress 2020

Registration

Confirmation

>> **Payment**

Completion

Credit-Card Transaction

Amount	Your information here.
Name	
Registration Date	

Credit Card	
Card Company	<input checked="" type="radio"/> VISA <input type="radio"/> Visa <input checked="" type="radio"/> MasterCard <input type="radio"/> MASTER
Number of Credit Card	Your credit card information here. We accept Visa and MasterCard. 事前参加登録のお支払いは、クレジットカード（Visaまたは、MasterCard）にて受付けます。 それ以外の方法をご希望の場合、運営事務局までご連絡ください。 二重登録の場合、理由の如何に関わらず返金いたしませんので、ご注意ください。
Expiry/Expiration Date	
SecurityCode	<input type="text"/>

Please check the information you have entered for accuracy and completeness.

必要情報入力後、Submitボタンを押してください。

Registration

Confirmation

Payment

>> **Completion**

Thank you very much for your Registration.

A confirmation e-mail is automatically sent to the e-mail address. If you do not receive the confirmation e-mail, please contact the secretariat of JSA/WAO Joint Congress 2020.

You can download the receipt from the confirmation e-mail.

**参加登録完了の通知が、
ご登録メールアドレスに送付されますので
ご確認ください。**

**※Receipt (領収書)は登録完了通知メールに
記載のURLよりダウンロードいただけます。**

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Sample

Change Category

•Payment Information

Registration ID	Sample	
Category	JPY 30,000	
Welcome Reception	Attend	JPY 5,000
Accompany Person	1	JPY 10,000
Amount Total	JPY 45,000	

-Welcome Reception is cancelled. Those who have already registered and paid their ticket fee will receive a refund of 5,000 JPY.
 -Accompanying Person's registration is cancelled. Those who have already registered and paid the fee will receive a refund of 10,000 JPY.

Payment Information you have already registered.

-Registrants will be refunded the difference between the original registration fee and their new registration fee.
 -Welcome Reception and Accompanying Person's registration are cancelled. Those who have already registered and paid their fee will receive a refund.

既にご登録いただいた登録内容

-変更後の参加登録カテゴリーと差額が発生した場合は、順次返金させていただきます。
 -ウェルカムレセプション(9/17開催)の開催・同伴者の参加登録は中止とさせていただきます。
 既にお申込み済みの方へは順次返金を行います。

•Registration Fees

Category *	<input checked="" type="radio"/> JSA Members *Including JSA credits (日本アレルギー学会会員 *専門医出席単位が必要な方) <input type="radio"/> JSA Members *NOT including JSA credits (日本アレルギー学会会員 *専門医出席単位が不要な方) <input type="radio"/> Non JSA Members / International Delegates (国内非会員/海外からの参加) <input type="radio"/> Student/Resident/Patient Organization (学部学生・初期研修医・患者会)	
JSA member's ID	<input type="text"/> (日本アレルギー学会会員の方は会員番号を入力してください)	
Amount	JPY	30000
Refund Amount	JPY	15000

1. Please modify the category of participation.
 参加登録カテゴリーを変更ください。

Registrants will be refunded the difference between the original registration fee and their new registration fee.
 変更後の参加登録カテゴリーと差額が発生した場合は、順次返金させていただきます。

•Student card: Letter of Certificate upload

File upload	<input type="button" value="ファイルを選択"/> 選択されていません (Allowed extensions: pdf, docx, doc. Up to 2MB.)	
If you wish to register in the "Student/Resident" category, you are requested to submit a student ID or certified by a Head of Department .		

Please upload the copy of student card or certification if you register as the category of student/resident.
 参加登録カテゴリーがStudent/Residentの方は、学生証のコピーまたは証明書を必ずご提出ください。

Confirm »

2. Please press "Confirm" button.

登録に必要な情報を入力後、Confirmボタンを押してください。

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Home

Abstract

Invited Sessions
(Abstract)

Registration

Change Category

Change Password

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Sample

Change Category

Confirmation

•Registration Fees

Please check your registration information carefully in this page.

« Go Back

Submit »

Please check your registration information carefully and click the 'Submit' button.
登録内容確認後、Submitボタンを押してください。

Registration

Confirmation

Payment

>> **Completion**

Thank you very much for your Registration.

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You can download the receipt from the confirmation e-mail.

**カテゴリ変更完了の通知が、
ご登録メールアドレスに送付されますので
ご確認ください。**

**※Receipt (領収書)は登録完了通知メールに
記載のURLよりダウンロードいただけます。**

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