**シーズニーズマッチングセッション登録フォーム**

*Seeds & Needs matching session Registration Form*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | ↓備考　　 *Comment* |
| タイトル*Title* |  |  |
| 名前（役職）*Last name, First name (Job title)* |  |  |
| 会員番号＊*JSMRM Members ID＊＊* |  |  |
| 所属施設*Institute* |  |  |
| 施設の都道府県・市町村*Address（Prefecture, city）* |  |  |
| 研究デザイン*Study Design* |  |  |
| MRIの磁場強度*MRI static field strength* |  | [ ] Seeds / [ ] Needs |  |
| 撮像法*Data acquisition method* |  | [ ] Seeds / [ ] Needs |  |
| 解析法*Data analysis method* |  | [ ] Seeds / [ ] Needs |  |
| 対象者・人数*Subjects, Numbers* |  | [ ] Seeds / [ ] Needs |  |
| 期間*Study period* |  |  |
| 最終的な終着点*Final endpoints* | [ ] 特になし *None in particular*[ ] 当面の解析結果 *Results of the analysis* [ ] 学会・論文発表など *Conferences, publications, etc.* [ ] 要相談 *Negotiable* |  |
| 上記撮像法や研究などに関するこれまでの経験*Your experience with the above research methods and/or MRI measurements* |  |  |

＊学会会員入会申し込み最中の方は19999と記載してください。

＊＊If you are in the process of applying for membership, please write “9999”.