

# REGISTRATION FORM



**NAME :** .....

- Staff       Student

**AFFILIATION :**

- Tohoku University  
 The University of Hong Kong  
 Fujian Medical University  
 Others: .....

**EMAIL :** .....

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**Please select the events that you wish to join**

- Lectures  
 Poster Presentation  
 Poster Submission  
    **(PLEASE FILL THE POSTER ABSTRACT SUBMISSION FORM IN WORD FILE)**  
 Meet a Professor  
    **(PLEASE SELECT ONE SESSION)**
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DEADLINE OF REGISTRATION

## 30 SEP 2024

Please submit to MS YINTING LIN by e-mail : [lyt\\_oia\\_ssfmu@yeah.net](mailto:lyt_oia_ssfmu@yeah.net)