54th Annual Meeting of the Japanese Society of Pediatric Surgeons

7th ISSBA（International Sendai Symposium on Biliary Atresia）

ABSTRACT SUBMISSION FORM

------------------------------------------------------------------------------------------------------------------------------

Author 1 (Required) :

First Name-Middle Initial:[　　　　　] (ex.) John F.

Last/Surname: [　　　　　] (ex.) Smith

Do you apply for the travel grant? YES NO

If you expect to apply for the travel grant, please notify us your age.

Birthdates : [　　　　　] (ex.)1986/01/19

※Only authors from overseas under age of 40, are applicable for the travel grant.(See more information about the travel grant on the web-page)

Country (Required): (ex.) JAPAN

[     ]

Institution 1 (Required): (ex.) Dpt. of Pediatric Surgery Tohoku University Graduate School of Medicine

[     ]

Address (Required): (ex.) 1-1 Seiryo-machi, Aoba-ku, Sendai, JAPAN

[     ]

Postal/Zip Code: (ex.) 9808574

[     ]

Telephone Number (Required): +country code - area code - number (ex.) +81-22-717- 7237

[     ]

Fax Number: (ex.) +81-22-717-7240

[     ]

E-mail Address (Required):

[     ]

--------------------------------------------------------------------------------

Coauthors

In case the coauthors' institution is different from the presenting author's, enter the names of those institutions below.

Then input other authors' names and select the numbers to indicate the institution from the list below.

Institution 2

[     ]

Institution 3

[     ]

Institution 4

[     ]

Institution 5

[     ]

Institution 6

[     ]

Institution 7

[     ]

Institution 8

[     ]

Institution 9

[     ]

Institution 10

[     ]

--------------------------------------------------------------------------------

Author 2

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author 3

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author 4

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author 5

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author 6

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author 7

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author8

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author9

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author10

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author11

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author12

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author13

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author14

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author15

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author16

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author17

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author18

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author19

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

--------------------------------------------------------------------------------

Author20

First Name\_Middle Initial:

Last/Surname:

Institution Number: 1 2 3 4 5 6 7 8 9 10

Categories (Required): Choose one or more categories of your abstract.

01. International Session / regular presentation (oral or poster)

02. International Session (7th ISSBA) / on Biliary Atresia (oral or poster)

02-01. Etiology and Pathophysiology

02-02. Screening and Diagnosis

02-03. Treatment and Preoperative Care

02-04. Long-term Management and Late Complications

02-05. Long-term Outcome and Liver transplantation

02-06. Various Topics and Case Reports

--------------------------------------------------------------------------------

Title of Abstract (Required)

(120 characters including spaces or less)

--------------------------------------------------------------------------------

Abstract Body (Required)

(1600 characters (about 250 words) or less)

Presentation Form Preference

Poster Presentation

Oral Presentation