

第7回国際多系統萎縮症コンgres

7th International Congress of Multiple System Atrophy

Registration

[特定商取引法に基づく表示](#)
(For the residents in Japan only.)

■登録画面

*は入力必須項目です

Columns with (*) must be completed.

Personal Information

Title *	<input checked="" type="radio"/> Prof. <input type="radio"/> A/Prof. <input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other 称号、敬称
First/Given name *	名 例)Taro
Middle Initial	<input type="text"/>
Last/Family name *	姓 例)Sato
E-mail Address *	メールアドレス(携帯電話は不可)
E-mail Confirmation *	確認のためもう一度ご入力ください
Affiliation *	ご所属(大学名、会社名、病院名等)をご記入ください
Department/Section	学部名、部署名等

Address

Mailing Address *	<input checked="" type="radio"/> Office <input type="radio"/> Home ご連絡先はご所属先/ご自宅のどちらかをご選択ください
Address *	ご住所(建物名、番地、区町村の順)
City	<input type="text"/>
State / Province	<input type="text"/>
Postal / Zip Code *	郵便番号
Country / Region *	<input type="text" value="Select One."/> <input type="button" value="v"/> 国名を選択(日本の場合は Japan)
Telephone Number *	電話番号(東京の場合: +81(国番号)-3(市外局番の0を取る)-XXXX-XXXX)
Fax Number	<input type="text"/>

Visa

Visa Requirement *	Who needs VISA? (https://www.mofa.go.jp/j_info/visit/visa/index.html) <input type="text" value="Please select."/> <input type="button" value="v"/> 日本人の方は Not required を選択
Nationality	If required, write your nationality. <input type="text"/>

早期事前登録

通常事前登録

2019年8月20～

2019年11月15～

2019年11月14日

2020年2月20日

当日登録

Registration Fee

	Early August 20, 2019- November 14, 2019	Late November 15, 2019- February 20, 2020	Onsite
Full Participant	JPY 30,000	JPY 35,000	JPY 40,000
Student	JPY 18,000	JPY 22,000	JPY 28,000

Registration Category *	<input type="text" value="Please select."/> <input type="button" value="v"/>
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Full Participant(一般)か、
Student(学生)を選択してください

Next >

よろしければ、Next ボタンで確認画面へお進みください

Registration

Please check your personal information and registration details below before clicking the Confirm button for registration.
Click the Back button if you need to correct your information for registration.

Personal Information

Title	Ms.
First/Given name	*****
Middle Initial	
Last/Family name	*****
E-mail Address	*****@congre.co.jp
Afiliation	***
Department/Section	
Address	
Mailing Address	Office
Address	***** ** * ** ***** Chiyoda-ku
City	***
State / Province	
Postal / Zip Code	
Country / Region	Japan Others:
Telephone Number	****_****_****
Fax Number	
Visa	
Visa Requirement	Not required
Nationality	If required, write your nationality.

SAMPLE

学生を選択した場合のみ、アップロード機能が表示されます。学生の方は、学生証等の証明書をアップして下さい。(JPEG/GIF/PDF)

Registration Fee

Registration Category	JPY Student (Early) JPY18000
Certificate upload JPEG/GIF/PDF	Please upload your identification certificate or its equivalent formal document. <input type="text"/> 参照...

問題がなければNext ボタンをクリックし登録完了してください。

<Previous Next>

■登録完了

Dear *****,

Thank you for your registration.

Details of your registration information (Registration Number and Password) will be automatically sent to your registered e-mail address.

Please contact us at: ****@sample.com, if you do not receive the e-mail within 24 hours.

登録したメールアドレスへ登録完了メールが自動送信されます。

未だ正式な登録は完了していません。

引き続き、受信したメールに記載されている URL よりお支払を完了してください。

■登録完了メール(自動送信されます)

Dear Ms. XXX XXXX

Thank you very much for your registration for the MSA2020.

Please confirm the details provided by this e-mail.

Registration No.: sampXXX

Password: XXXX

To make your credit card payment at a later date, please click on the

link below and enter your Registration No. and Password as indicated above:

<https://convention-net.jp/p/cg/msa2020/mod2.php>

Total Amount: JPY 18000

* Please make your credit card payment within one week

after you received this e-mail.

[Personal Information]

[Address]

[About VISA]

[Registration]

Registration Fee: JPY Student (Early) JPY18000

If you have any questions, feel free to contact us.

Best regards.

MSA2020 Registration Desk

(7th International Congress of Multiple System Atrophy)

Email: msac2020-regi@congre.co.jp

Tel: 03-5216-5318[Mon - Fri 10:00 - 17:00 (JST)]

←この URL よりログインし、メール受信後、一週間以内にお支払手続きを完了して下さい。

ログインの際、こちらに記載の ID ナンバーとパスワードが必要になります。

登録内容に変更修正がある場合も、登録期間であれば、こちらからログインし修正可能です。

メールの URL をクリックすると、ID、パスワードの入力が求められます。

Confirm & Payment

メールに記載の ID とパスワードを入力し、
下記の画面に移ります。

Registration ID *	<input type="text"/>
Password *	<input type="password"/>

Login

Online Payment

Correct the data

Personal Information

Title	Ms.
First/Given name	
Middle initial	
Last/Family name	
E-mail Address	
Affiliation	
Department/Section	

Address

Mailing Address	
Address	
City	
State / Province	
Postal / Zip Code	
Country / Region	
Telephone Number	
Fax Number	

Visa

Visa Requirement	
Nationality	

Registration Fee

Registration Category	JPY Student (Early) JPY18000
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Online Payment

- Payment should be made by 5:00p.m. Monday May 00, 2019 (JST).
- No registration will be confirmed in the absence of this payment.
- All payment must be paid only in Japanese yen.

Online Payment	JPY 18000
	<input type="button" value="Make Payment"/>

こちらからお支払画面へ
(クレジットカード情報入力)

■支払画面

Credit Settlement

Please confirm the amount and enter your Credit Card information. In case of making inquiry, please inform your Registration Number and Order ID as well.	
Registration Number	samp XXXX
Name	XXX XXXXX
E-mail	XXX-XXXXXX@XXX.co.jp
Amount	18,000円
Payment Method	<p><input checked="" type="radio"/> Credit Card     </p> <p>Card number: <input type="text"/></p> <p>Input numbers from the left without hyphen or space. Expiration: <input type="text"/> (Month) / <input type="text"/> (Year)</p> <p>Security Code: <input type="text"/></p> <p>Three-digit number below signature column of backside or four-digit number on the surface of your card.</p>

登録した内容が自動的に反映されます。

Please wait for a while until the online payment procedures complete after clicking Next button.
If you made 3D secure contract with card company,
the screen will proceed to authentication site of the card company.

Back

Submit

カード情報入力後、よろしければ Submit をクリックして
支払を完了させて下さい。

■支払完了メール(自動送信されます)

Dear Ms. test test

Thank you very much for your registration for the MSA2020.
Please confirm the details provided by this e-mail.

This is to notify you that your credit card payment has been
completed as follows.

Registration No.: sampXXXX

Applicant: Ms. test test

Payment Information

Payment: Online Credit Card

Amount: 18000 Japanese Yen

Date and Time: 2019/07/26 14:49:35

Order ID: R0212-samp1019000439081502

* Registration

Registration Fee: Student (Early) JPY18000

In case of making inquiry, please inform your Registration No. as well as Order ID.

This message contains confidential information intended
for a specific individual and purpose.

If you are not the intended recipient, please contact
the registration desk below.

Any disclosure, copying, or distribution of this message, or the taking of
any action based on it is strictly prohibited.

MSA2020 Registration Desk

(7th International Congress of Multiple System Atrophy)

Email: msac2020-regi@congre.co.jp

Tel: 03-5216-5318[Mon - Fri 10:00 - 17:00 (JST)]

Fax: 03-5216-5552

■登録した内容を修正したい場合

メールに添付されている URL よりログインし、トップ画面の

Correct the data

から修正可能です。

Online Payment

Correct the data

Personal Information

Title	
First/Given name	
Middle Initial	

*ただし、登録カテゴリー(一般・学生)は変更できません。

万が一、訂正をご希望の場合は、メール(msac2020-regi@congre.co.jp)にてお問い合わせ下さい。

その際、必ずお名前、登録 ID、登録したメールアドレスをお伝え下さい。

修正完了すると、下記の画面が表示されます。

Correct the data

Dear Ms. XXX XXXX

Correcting completed.

Details of your registration information (Registration Number and Password) will be automatically sent to your registered e-mail address.

Please contact us at: msac2020-regi@congre.co.jp, if you do not receive the e-mail within 24 hours.

My Page