

The VII^o International HBP SURGERY and TRANSPLANT SYMPOSIUM

Please note that all fields followed by an asterisk must be filled in.

Presentation Category

Session Category*:

Please select Session from ①Liver ②Biliary ③Pancreas ④Endoscope

Presenting Author Information

Presenting Author's Name*:

Family Name

Given Name(s)

(ex.) Smith, Adam J.

Authors' Institution*:

Department of Surgery and Oncology, Graduate School of Medical Sciences, ○○ University
→Dept Surgery and Oncology, ○○ Univ

Institute Number of Author's*:

1

2

3

4

5

Zip Code*:

please omit “-“

Address*:

Tel (with country code)*:

Extension:

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E-mail Address*:

E-mail Address(for Confirmation)*:

Presenting Author Information

Please fill in all blanks for each co-author, if their institutions are different from that of the presenting author (10 at the maximum).

Then input other author's names and select the numbers which indicate institutions you list below.

2. Institution:

3. Institution:

4. Institution:

5. Institution:

Co-Author 2 If you are foreign authors, please fill both blanks with English alphabets.

	Family Name	Given Name(s)
Name:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	
Institution:	<input type="text"/> 1	<input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5

Co-Author 3 *If you are foreign authors, please fill both blanks with English alphabets.

	Family Name	Given Name(s)
Name:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	
Institution:	<input type="text"/> 1	<input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5

Co-Author 4 *If you are foreign authors, please fill both blanks with English alphabets.

	Family Name	Given Name(s)
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Country:	<input type="text"/>	
Institution:	<input type="text"/> 1	<input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5

Co-Author 5 *If you are foreign authors, please fill both blanks with English alphabets.

	Family Name	Given Name(s)
Name:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	
Institution:	<input type="text"/> 1	<input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5

Co-Author 6 *If you are foreign authors, please fill both blanks with English alphabets.

	Family Name	Given Name(s)
Name:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	
Institution:	<input type="text"/> 1	<input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5

Co-Author 7 *If you are foreign authors, please fill both blanks with English alphabets.

	Family Name	Given Name(s)
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Country:	<input type="text"/>	
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Co-Author 8 *If you are foreign authors, please fill both blanks with English alphabets.

	Family Name	Given Name(s)
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Country:	<input type="text"/>	
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Co-Author 9 *If you are foreign authors, please fill both blanks with English alphabets.

	Family Name	Given Name(s)
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Country:	<input type="text"/>	
Institution:	<input type="text"/> 1	<input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5

Co-Author 10 *If you are foreign authors, please fill both blanks with English alphabets.

	Family Name	Given Name(s)
	<input type="text"/>	<input type="text"/>

Country:

Institution:

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Abstract Submission

Up to 40 Words

Abstract* :

*Please pay extra attention to the patients' privacy.
Please prepare the body of your abstract within 350 words.

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