

## Application form (individual)

To: Institute Japan Apex Medical Technologies Exchange Association  
Representative Director  
Xin Xia

I agree with the idea and purpose of your association and join it.

For individuals: Enrollment fee: 0 yen, Monthly fee: 0 yen

Application date		
Name ( required )		
Birth date		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Office name		
Job category (required)		
Office zip code and address		
Office Tel / Fax		
Home Address		
Home or mobile phone number		
E-mail address		
Preferred contact information (required)		
Message body		

※Registration period is one year from April every year to March of the following year, regardless of the admission date. If you enroll on the way, it will be from the date of payment confirmation until the end of March of the following year. Please note.