Abstract Submission Format

Please fill out / mark the following blanks / choices and return it to the secretariat by email (maa9@convex.co.jp). Thank you.

**1. Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title | ( ) Prof. | ( ) Dr. | ( ) Mr. | | ( ) Ms. | | Other: |
| First Name |  | | | | | | |
| Last Name |  | | | | | | |
| Middle Name |  | | | | | | |
| Company / Institution |  | | | Sex | | ( ) Male.　( ) Female. | |
| Department /Section |  | | | | | | |
| Job Title |  | | | | | | |
| Office Address |  | | | | | | |
| Tel |  | | | | | | |
| e-mail |  | | | | | | |

**2. Presentation Style**

|  |  |  |  |
| --- | --- | --- | --- |
| Style | ( ) Symposium (oral) | ( ) Poster | ( ) Either of oral or poster |
| Categories | □ A Case Report or Experience of Intraoperative Awareness  □ Epidemiology of Intraoperative Awareness  □ Psychology of Intraoperative Awareness  □ Intensive Care Psychosis and Postoperative Delirium  □ Monitoring of Awareness and Pain during Surgery  □ Prevention of Intraoperative Awareness  □ Treatment of Post-traumatic Stress Disorder after Intraoperative Awareness  □ Mechanisms of Anesthetic Action: From Molecules to Systems  □ Neurobiological Mechanisms of Consciousness  □ Neurobiological Mechanisms of Memory  □ Neurobiological Mechanisms of Pain  □ Methodology of Functional Neuroimaging | | |

\* If you have any other requests, please specify in the space below;

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