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**

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| --- | --- | --- | --- | --- | --- |
| 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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