**Submission Form**

1. Please select the format of your presentation (write either A or B in the box below):

A: Paper Presentation

B: Symposium

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* **If you select A: Paper Presentation, please fill out 2 through 8 below. If you select B: Symposium, please fill out 9 through 14.**
* Please submit this form to the organizing committee (farie3@ncnp.go.jp) no later than the 30st of April, 2025.
* Please feel free to expand the frame for each question.

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**For Paper presentation**

1. Your name and affiliation (If there are more than one authors, please write about all of them):

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1. Name of the person who will present the paper at the conference (If more than one person is presenting, please write all names):

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1. Title of your presentation:

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1. Abstract of your presentation (maximum 400 words):

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1. Keywords (no more than 5 keywords)

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1. Contact information (E-mail address of the representative):

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1. Please select the session you wish to participate (please select from 1 through 4 below and write the number in the box).

1: End of Life Care, Medical Assistance in Dying

2: Research Ethics, Public Health Ethics

3: Session 3: Medical Ethics Education, Medical Education

4: Others

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* If you select “4. Others,” the organizing committee will decide which session you will be placed in.

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**For Symposium**

1. Proposer’s name and affiliation (If there are more than one proposer, please write about all of them):

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1. Speakers’ names and affiliations:

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1. Title of the symposium:

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1. Abstract (maximum 800 words):

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1. Keywords (no more than 5 keywords)

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1. Contact information (E-mail address of the representative):

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