

Application Form

Application deadline : Friday, May 22, 2020

[I] Presenter Name: _____

Affiliation: _____ title: _____

E-mail: _____ FAX: _____ TEL: _____

Co-author Name: _____

Affiliation: _____ title: _____

Co-author Name: _____

Affiliation: _____ title: _____

[II] Presentation Title: _____

[III] Summary of Presentation

[IV] Presentation Language: Japanese English

Discussion Language: Japanese English

Contact address:

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Institute for Health Economics and Policy

E-mail : gakkai@ihp.jp

We will use personal information only to provide you with information relating to our association.