

# ASP 年会費納入システムの入力法の注意

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日本語

English

The Asian Society for Psoriasis (アジア乾癬学会)

~~Attendee~~ 年会費 : ¥ 2,000、2023~2024年、2年間

~~Ticket name~~

~~Annual Membership fee~~

~~If you paid the registration fee for The ASP Tokyo 2022, it is not necessary to pay the Annual membership fee. ※The ASP Tokyo 2022の参加費を支払われた場合は年会費は不要です。~~

~~¥2,000~~

~~Application period: Fri, 13 Jan 2023 00:00 JST ~ Fri, 31 Mar 2023 15:00 JST~~

## 【会員情報】

Required E-mail

必須事項

記入例: ozawa@is.icc.u-tokai.ac.jp

~~If you do not receive the auto-reply email, please contact the organizer.~~

Required Name

必須事項

記入法: 姓・英語・大文字口名前・英語・大小文字、姓名・日本語

記入例: OZAWA Akira、小澤 明

~~ex: Family name: OZAWA, First name: Akira, Degree: MD & Ph.D.~~

~~例: OZAWA Akira, M.D. & Ph.D.~~

Required Affiliation

職位、所属、国名: 必須事項

記入法: 英語、日本語

記入例: Emeritus Professor, Tokai University, Japan、名誉教授、東海大学、日本

~~ex: Position: Emeritus Professor, Institute: Tokai University~~

~~例: Emeritus Professor, Tokai University~~

Required 住所 Address

必須事項

記入法: 英語 & 日本語

記入例: 1-1-1, Nihon-bashi, Chuo-ku, Tokyo, 100-1111, Japan  
100-1111, 東京都中央区日本橋1-1-1

~~例: 1-1-1, Nihon-bashi, Chuo-ku, Kamagawa, 259-0000, Japan~~

~~(〒259-0000 神奈川県伊勢原市幸町1-1-1)~~

Required Phone number

必須事項

記入例: 090-1234-5678

Required Phone number Type

必須事項

記入法: 電話番号の該当する種類をクリックする

office 職場

Home 自宅

Cellphone 携帯番号

Ticket name / Option name	Count	Subtotal
Annual Member ship fee (年会費: 2023~2024年、2年間)		¥2,000
		Amount ¥2,000

### Terms and privacy policy

If there is any contradiction between what the English language version of the Terms says and Japanese language version says, then the Japanese language version shall take precedence.

### Terms of Service

#### General Rule

必須事項

I agree to the terms of the privacy policy.

### Join

### 【登録(支払い手続き)】

- 入力事項に漏れがなければ、確認画面に進んでください。
- 手続きを変更、中止する場合は、最初からやり直してください。
- 確認画面で登録(支払い)を終了すると、自動的に、下記の「Manager Office」から、返信メールが、ご登録のメールアドレスに送信されます。自動返信メールが届かないときには、「Manager Office」まで、ご連絡をください。

Submit

確認画面へ

#### ■ The Asian Society for Psoriasis

Department of Dermatology, Tokai University School of Medicine,

143 Shimokasuya, Isehara, Kanagawa 259-1193, JAPAN

FAX: +81-(0)463-93-9387 TEL: +81-(0)463-93-1121 EXT: 2330

アジア乾癬学会 事務局

東海大学医学部専門診療学系皮膚科学内

神奈川県伊勢原市下糟屋143

TEL: 0463-93-1121 EXT: 2330 FAX: 0463-93-9387

### Tokuteishotorihikihou ni motoduku hyouki 【特定商取引法に基づく表示】

#### ■ Management office

MEDICAL TOYOU CO.,LTD.

9-10 SAWAI-CHO ATSUGI-SHI KANAGAWA 243-0012 JAPAN

TEL:+81-46-220-1705 FAX:+81-46-220-1706

E-mail:ho@mtz.co.jp

# Note on how to enter the ASP annual membership fee payment system

powered by **Payvent**

日本語

English

(in Japanese)

## The Asian Society for Psoriasis (ASP)

Annual fee : ¥ 2,000 (JPY), 2023-2024, for 2 years

### ~~Attendee~~

#### ~~Ticket name~~

#### ~~Annual Membership fee~~

~~If you paid the registration fee for The ASP Tokyo 2022, it is not necessary to pay the Annual membership fee. ※ The ASP Tokyo 2022の参加費を支払われた場合は年会費は不要です。~~

~~¥2,000~~

~~Application period: Fri, 13 Jan 2023 00:00 JST - Fri, 31 Mar 2023 15:00 JST~~

#### Required E-mail

Example : ozawa@is.icc.u-tokai.ac.jp

~~If you do not receive the auto-reply email, please contact the organizer.~~

#### Required Name How to fill out the form : Family name First name

Example : OZAWA Akira

~~ex. Family name: OZAWA, First name: Akira, Degree: MD & Ph.D.~~

~~例. OZAWA Akira, M.D. & Ph.D.~~

#### Required Affiliation How to fill out the form : Position, Affiliation, City, Nation

Example : Emeritus Professor, Tokai University, Isehara, Japan

~~ex. Position: Emeritus Professor, Institute: Tokai University 例. Emeritus Professor, Tokai University~~

#### Required 住所 Address

Example : 1-1-1, Nihon-bashi, Chui-ku, Tokyo 100-1111, Japan

~~例. 1-1-1, Saiwai-cho, Isehara, Kanagawa, 259-0000, Japan  
川原伊勢原市幸町1-1-1~~

~~T 259-0000 神奈~~

#### Required Phone number

Example : +81-(0)90-1234-5678

#### Required Phone number Type How to fill out the form : Click the appropriate type of phone number

office 職場

Home 自宅

Cellphone 携帯番号

<del>Ticket name / Option name</del>	<del>Count</del>	<del>Subtotal</del>
<del>Annual Member ship fee</del> ¥ 2,000(JPY), 2023-2024, for 2 years	<del>1</del>	<del>¥2,000</del>
		<b>Amount ¥2,000 (JPY)</b>

## Terms and privacy policy

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### Terms of Service

#### General Rule

**Required**  I agree to the terms of the privacy policy.

## 【Registration (payment procedure)】

~~Join~~

1. If you have filled in all the necessary information, please proceed to the confirmation screen.
2. If you wish to change or cancel the procedure, please start over from the beginning.
3. After completing the registration (payment) on the confirmation screen, a reply e-mail from the "Manager Office" below will automatically send to your registered e-mail address.  
If you do not receive the auto-reply e-mail, please contact the "Manager Office".

Submit

#### ■ The Asian Society for Psoriasis

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FAX: +81-(0)463-93-9387 TEL: +81-(0)463-93-1121 EXT: 2330

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~~東海大学医学部専門診療学系皮膚科学内~~

~~神奈川県伊勢原市下糟屋143~~

~~TEL: 0463-93-1121 EXT: 2330 FAX: 0463-93-9387~~

## ~~Tokuteishotorihikihou ni motoduku hyouki~~

【 Notation based on the Act on Specified Commercial Transactions 】

■ Management office  
MEDICAL TOYOU CO.,LTD.  
9-10 SAIWAI-CHO ATSUGI-SHI KANAGAWA 243-0012 JAPAN  
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