



9TH INTERNATIONAL ORTHODONTIC CONGRESS YOKOHAMA 2020

【关于事先在参加登记系统上登记的方法】

参加登记大致分为2个阶段。

◆ STEP1: 创建帐号 (P.2)

在“Create an account”画面，输入地址、姓名、登记类别等信息后，可以创建“My Page”。

⇒将收到帐号创建完毕联系电子邮件。

*** 到这里还没有结束，继续进行“参加登记”**

◆ STEP2: 参加登记(购买)及支付(P.9)

从创建的“My Page”，选择参加大会的登记费、参加收费的社交活动，然后确认内容。

之后，请输入信用卡信息并进行支付。

支付得到确认后，您将受到参加登记完毕的确认电子邮件。

咨询处：

第9届国际矫正牙科会议世界大会 运营事務局

株式会社Congress内

〒102-8481 东京都千代田区麹町5-1 弘济会馆大厦6F

PHONE: 03-5216-5318 FAX: 03-5216-5552

E-mail: wfo2020-reg@congre.co.jp

STEP1: 创建帐号

作为参加登记的准备, 请创建帐号。
请全部使用拉丁字母填写。

Create an Account

Your Details

帐号信息输入画面

Please fill out the form below. * required fields

* 是必填项目

Sign-in ID / Password

Sign-in ID

your e-mail address

ID是电子邮件地址, 所以不需要在这里填写

Password*

More than 7 characters and contain both letters and numbers.

Show password

密码必须为7个字符以上的英文字母和数字的组合

Category

Category*

- WFO/JOS member ←日本矫正牙科学会会员、WFO会员
- APOS Fellow
- Non WFO/JOS member ←不是会员
- Student (Post and Undergraduate)
- Allied Health Professional
- Retired WFO Fellow/JOS Member ←名誉会员

Member ID*

WFO Member ID:

or JOS Member ID:

Please fill in either one.

日本矫正牙科学会会员、WFO会员请输入会员编号。
不输入不能前进, 请事先准备好您的WFO会员编号。
如有不明之处, 请向各学会事务局咨询

Student / Allied Health Professional (工作人员)按类别登记

Category*

- WFO/JOS member
- APOS Fellow
- Non WFO/JOS member
- Student (Post and Undergraduate)
- Allied Health Professional
- Retired WFO Fellow/JOS Member

Certificate*

Please upload your identification certificate or its equivalent formal document. (PDF/JPG/PNG/GIF)

[Upload Certificate](#)

←请在这里提交证明书。

Name

Title* Prof. A/Prof. Dr. Mr. Mrs. Ms. Other

First/Given Name*
e.g. John

名 例) Taro

Last/Family Name*
e.g. Smith

姓 例) Sato

Middle Initial
e.g. M

*Use capitals only for initial letters.

E-mail

E-mail address* 此电子邮件地址即为ID

E-mail address (Confirm)* 为了确认, 请再次输入

Affiliation

Affiliation (e.g. university, institution)*
请填写所属单位(大学名、公司名、医院名等)

Address

Mailing Address* Home Office 联系方式请从所属单位/自家中选择一项

Department, University/ Institution
院系名、部门名等

Address
地址

Postal/Zip Code*
邮政编号(没有连字符, 7位)

Country/Region* - Select One - 选择国名(如果是日本, 选择Japan)

Telephone* + - - Country Code - Area Code - Number

Extension Number

Mobile + - -

Fax + - - Country Code - Area Code - Number

固定电话 : 市外局号-号码
(东京)

手机 : (080)

请选择您已加入的学会。

如果加入了多个学会，请如下1行选择1个团体。

不分先后顺序。

例) 如果加入了日本矫正牙科学会、WFO、AAO

WFO Affiliate organizations 日本矫正牙科学会从 Central and East Asia中选择

WFO Affiliate organizations* Please select all that are applicable (multiple choice).

Area	Affiliate Organization
Central and East	Japanese Orthodontic Society
	Bangladesh Orthodontic Society
	Cambodian Association of Orthodontists
	Chinese Orthodontic Society
	Ho Chi Minh City Association of Orthodontists (Vietnam)
	Hong Kong Society of Orthodontists
Other	Indian Orthodontic Society
	Indonesian Association of Orthodontists
	Japanese Orthodontic Society
	Korean Association of Orthodontists

WFO Affiliate organizations WFO从Federations中选择

WFO Affiliate organizations* Please select all that are applicable (multiple choice).

Area	Affiliate Organization
Central and East	Japanese Orthodontic Society
Federations	World Federation of Orthodontists
	World Federation of Orthodontists
	Arab Orthodontic Society
	Asian Pacific Orthodontic Society
	Asociacion Ibero-Americana de Ortodoncistas
	Asociacion Latinoamericana de Ortodoncia
	Caribbean Society of Orthodontists
	European Federation Of Orthodontic Specialist Associations
	European Federation Of Orthodontics

WFO Affiliate organizations AAO从North America中选择

WFO Affiliate organizations* Please select all that are applicable (multiple choice).

Area	Affiliate Organization
Central and East	Japanese Orthodontic Society
Federations	World Federation of Orthodontists
North America	
	Academia Mexicana de Ortodoncia
	American Association of Orthodontists
Other	Asociacion Mexicana de Ortodoncia
	Canadian Association Of Orthodontists

如果不是会员，请勾选红框内的内容。

WFO Affiliate organizations

WFO Affiliate organizations*

Please select all that are applicable (multiple choice).

Area		Affiliate Organization
<input type="text"/>	>	<input type="text"/>
<input type="text"/>	>	<input type="text"/>
<input type="text"/>	>	<input type="text"/>
<input type="text"/>	>	<input type="text"/>
<input type="text"/>	>	<input type="text"/>

Other

I do not belong to any organization

Dietary Restriction (if any)

关于食物过敏等的确认

Dietary Restriction* None Vegetarian Halal Allergies Other

Allergies (Specify, if any)

我们将在研究午餐、招待会等的菜单时参考。不能满足所有要求，敬请谅解！

Accompanying Person

关于同行者登记

Number of Accompanying Persons*

1

进行同行者的参加登记、购买Gala Dinner的餐券时，请先在本画面输入人数、姓名等。

Accompanying Person 1

Title* Prof. A/Prof. Dr. Mr. Mrs. Ms. Other

First/Given Name*

Last/Family Name*

Middle Initial

Country/Region*

Dietary Restriction* None Vegetarian Halal Allergies Other

Allergies (Specify, if any)

返回前一个画面

Back

Next

前往下一个画面

请在本画面确认登记内容。

点击画面最下面的"Submit"按钮后, 登记才会完成。

Create an Account

Confirmation

确认画面

Please confirm your information below.

Your account will not be created unless the "Submit" button is clicked.

Sign-in ID / Password

Sign-in ID 9thioc@congre.co.jp

Password *****0 (You can find last character only.)

Category

Category Non WFO/JOS member

Name

Title Dr.

First/Given Name Taro

Last/Family Name Sato

Middle Initial

E-mail

E-mail address 9thioc@congre.co.jp

Affiliation

Affiliation
(e.g. university,
institution) 9th IOC Hospital

Division

续下页

Address

Mailing Address Office
Department, University/Institution
Address 5-5-5, Marunouchi, Chiyoda-ku, Tokyo
Postal/Zip Code 1000000
Country/Region Japan
Telephone +81-90-11111111
Extension Number
Mobile
Fax

WFO Affiliate organizations

WFO Affiliate organizations I do not belong to any organization

Dietary Restriction (if any)

Dietary Restriction None

Allergies (Specify, if any)

Accompanying Person

Number of Accompanying Persons 0

返回前一个画面

Back

Submit

前往下一个画面

请确认各项目的输入内容。

如果要修改，点击“Back”后，将返回前一个画面，之后可以修改。

如果内容无误，点击“Submit”，转到下一个画面。

点击Submit后，将转到“账户创建完毕”画面

Create an Account

Your account has been created.

账户创建完毕画面

Thank you for creating your account.

Your registration has not completed yet.

Please click the "Go to Mypage" button to complete your registration.

Your ID and Password

Your ID

9thioc@congre.co.jp

将显示登记的电子邮件地址

Password

*****5

Please make a note of them to sign in.

Confirmation E-mail 将发送“账户创建完毕”电子邮件

A confirmation e-mail has been sent.

If you did not receive the confirmation e-mail or have any questions, please contact the Registration Secretariat for 9thIOC.

Proceed to Payment

【注意事项】

参加登记尚未结束。

若要进行参加登记，请点击“Proceed to Payment”。

STEP 2: 在Mypage进行参加登记

接下来进行“参加登记”。

Please do not use the page "Forward" and/or "Back" button in your browser. 请不要使用浏览器的←、→

Your registration has not completed yet.

Please click the "Proceed to Payment" button to complete your registration.

My Account Information			
Name	Taro Sato	Country/Region	Japan
Affiliation	9th IOC Hospital		
E-mail address	5yuk-tamura@congre.co.jp	Telephone	+81-90-11111111
			Edit My Account

Online Registration

For registration, please click the following button.

[Proceed to Payment](#)

←请点击Proceed to Payment (前往支付)

If you would like to pay by credit card with installments, please click [here](#).

STEP 2: 参加登记及支付

接下来将转到“参加登记”及支付画面。

参加登记及支付画面

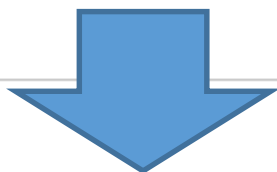
例) 如果不是会员、没有同行者

Online Registration

Registration Form

Please choose the category.

Registration Fees		
Category	Fee (JPY)	Amount (JPY)
<input type="checkbox"/> Non WFO/JOS member	100,000	
<input type="checkbox"/> Welcome Reception & President's Reception October 4, 2020	free	
<input type="checkbox"/> International Reception October 5, 2020	16,000	
<input type="checkbox"/> Gala Dinner October 6, 2020	22,000	
Total (JPY)		0



Registration Fees		
Category	Fee (JPY)	Amount (JPY)
<input checked="" type="checkbox"/> Non WFO/JOS member	100,000	100,000
<input type="checkbox"/> Welcome Reception & President's Reception October 4, 2020	free	
<input type="checkbox"/> International Reception October 5, 2020	16,000	
<input type="checkbox"/> Gala Dinner October 6, 2020	22,000	

请在这里申请缴纳参加登记费、申请参加社交活动。
另外，社交活动也可日后追加申请。

请选择支付方式, 然后输入信用卡信息







Pay in Full: 一次性付款(可以使用所有信用卡)


Pay Monthly: 分期付款(除大来卡之外都可以)

请从上面的两种方式中选择一种。

分期付款可选择3期~24期。

根据您使用的信用卡公司, 可能另行收取规定的手续费。

Payment Information	
Payment Method	<input checked="" type="radio"/> Online Credit Card
Card Type	Please select your credit card type. <input checked="" type="radio"/>  <input type="radio"/>  <input type="radio"/>  <input type="radio"/>  <input type="radio"/>  <input type="radio"/> Pay in Full <input checked="" type="radio"/> Pay Monthly <input type="text" value="3 months"/> <input type="button" value="v"/> <small>* if you pay in monthly installments, your credit card issuer may charge you interest or other fees under the terms and conditions in your cardmember agreement.</small>
Cardholder's Name	<input type="text" value="TARO SATO"/>
Card Number	<input type="text" value="1234123412341234"/> (e.g. 1234560123456789)
Expiration Date	<input type="text" value="07"/> / <input type="text" value="2021"/> (Month / Year)
Security Code	<input type="text" value="222"/> * Security Code? 

* We use the secure online credit-card transaction system offered by [VeriTrans, Inc](#) .

返回前一个画面

Back

Confirm

前往下一个画面

【注意事项】

点击Confirm后, 将前往下一个画面
支付尚未完成。

请在本画面最终确认参加登记内容、信用卡信息。

Online Registration


Confirmation

Please confirm the information below and click on "Submit Register" button.

Registration Fees

	Amount (JPY)
Non WFO/JOS member	100,000
Welcome Reception & President's Reception	free
International Reception	16,000
Gala Dinner	22,000
Accompanying person (Accompanying Person 1)	17,000
Welcome Reception & President's Reception (Accompanying Person 1)	free
International Reception (Accompanying Person 1)	16,000
Gala Dinner (Accompanying Person 1)	22,000
Total (JPY)	193,000

Payment Information

Payment Method	Online Credit Card
Card Type	
Cardholder's Name	TARO SATO
Card Number	1234123412341234
Expiration Date	** / **
Security Code	***

返回前一个画面

Back

Submit Register

登记

如果要修改，请点击“Back”，如果内容无误，请点击“Submit Register”

点击Submit Register 后, 将变为“参加登记·支付完毕”画面

Online Registration

Completion

Thank you for your registration!
Your registration details are as follows.

Registration Fees

	Amount (JPY)
Non WFO/JOS member	100,000
Total (JPY)	100,000

Please click "Go to Top" button to download the Registration Confirmation Sheet and bring it to the Registration Desk on-site.

Confirmation E-mail

A confirmation e-mail has been sent.
If you did not receive the confirmation e-mail or have any questions, please contact the Registration Secretariat for 9thIOC.

[Go to Top](#)

将向您登记的e-mail 地址发送确认电子邮件。
如果没有收到, 请联系事務局。

到此结束⇒返回Top画面并注销

打印参加登记证、收据⇒返回Top画面(在下一页说明)

STEP 3: 从Mypage打印参加登记证

请点击红框内的Download Registration Confirmation

Please do not use the page "Forward" and/or "Back" button in your browser.

My Account Information

Name	Taro Sato	Country/Region	Japan
Affiliation	9th IOC Hospital		
E-mail address	5yuk-tamura@congre.co.jp	Telephone	+81-90-11111111
Accompanying Person			
Accompanying Person 1	Hanako Sato	Country/Region	Japan

[Edit My Account / Accompanying Person](#)

Online Registration

Download QR Code here!

Please download the Registration Confirmation Sheet and bring it to the Registration Desk on-site to receive your name badge.

[Download Registration Confirmation](#)

Your Registration Details

Category	Amount (JPY)	Date Time	Status	Receipt
Non WFO/JOS member	100,000	April 24, 2019 15:55	paid	Receipt

Receipt can only be issued 3 time(s).

For additional registration, please click the following button.

[Additional Registration](#)

If you would like to pay by credit card with installments, please click [here](#).

打印收据

请点击红框内的Receipt

Please do not use the page "Forward" and/or "Back" button in your browser.

My Account Information

Name	Taro Sato	Country/Region	Japan
Affiliation	9th IOC Hospital		
E-mail address	5yuk-tamura@congre.co	Telephone	+81-90-11111111
Accompanying Person			
Accompanying Person 1	Hanako Sato	Country/Region	Japan

[Edit My Account / Accompanying Person](#)

Online Registration

Download QR Code here!

Please download the Registration Confirmation Sheet and bring it to the Registration Desk on-site to receive your name badge.

[Download Registration Confirmation](#)

Your Registration Details

Category	Amount (JPY)	Date Time	Status	Receipt
Non WFO/JOS member	100,000	April 24, 2019 15:55	paid	Receipt

Receipt can only be issued 3 time(s).

For additional registration, please click the following button.

[Additional Registration](#)

If you would like to pay by credit card with installments, please click [here](#).

收据最多只能发行3次
敬请谅解！

可在MyPage进行的事项①: 变更帐号信息

The 9th International Orthodontic Congress (9th IOC)

The 12th Asian Pacific Orthodontic Conference (12th APOC)
The 79th Annual Meeting of the Japanese Orthodontic Society (79th JOS)

Online Registration System

[Top](#)

Hello! Taro Sato

[Sign out](#)


Website / Meeting info

[9thIOC Website](#)

Contact

For inquiries:

Secretariat for 9th IOC
c/o Congress Corporation
Kohsai-kaikan Bldg., 5-1
Kojimachi Chiyoda-ku,
Tokyo 102-8481, Japan
Tel: +81-3-5216-5318
Fax: +81-3-5216-5552
E-mail:
info2020-reg@congre.co.jp



Please do not use the page "Forward" and/or "Back" button in your browser. [点击这里](#)

My Account Information

Name	Taro Sato	Country/Region	Japan
Affiliation	9th IOC Hospital	Telephone	+81-90-11111111
E-mail address	Syuk-tamura@congre.co.jp		
Accompanying Person			
Accompanying Person 1	Hanako Sato	Country/Region	Japan

[Edit My Account / Accompanying Person](#)

Online Registration

Download QR Code here!

Please download the Registration Confirmation Sheet and bring it to the Registration Desk on-site to receive your name badge.

[Download Registration Confirmation](#)

Your Registration Details

Category	Amount (JPY)	Date Time	Status	Receipt
Non WFO/JOS member	100,000	April 24, 2019 15:55	paid	Receipt

Receipt can only be issued 3 time(s).

For additional registration, please click the following button.

[Additional Registration](#)

If you would like to pay by credit card with installments, please click [here](#).

[Page Up](#)

The 9th International Orthodontic Congress (9th IOC)

可在MyPage进行的事项②:追加申请

The 9th International Orthodontic Congress (9th IOC)

The 12th Asian Pacific Orthodontic Conference (12th APOC)
The 79th Annual Meeting of the Japanese Orthodontic Society (79th JOS)

Online Registration System

[Top](#)

Hello! Taro Sato

[Sign out](#)

Website / Meeting info

[9thIOC Website](#)

Contact

For inquiries:

Secretariat for 9th IOC
c/o Congress Corporation
Kohsai-kaikan Bldg., 5-1
Kojimachi Chiyoda-ku,
Tokyo 102-8481, Japan
Tel: +81-3-5216-5318
Fax: +81-3-5216-5552
E-mail:
wfo2020-reg@congre.co.jp

Please do not use the page "Forward" and/or "Back" button in your browser.

My Account Information

Name	Taro Sato	Country/Region	Japan
Affiliation	9th IOC Hospital	Telephone	+81-90-11111111
E-mail address	Syuk-tamura@congre.co.jp		
Accompanying Person			
Accompanying Person 1	Hanako Sato	Country/Region	Japan

[Edit My Account / Accompanying Person](#)

Online Registration

Download QR Code here!

Please download the Registration Confirmation Sheet and bring it to the Registration Desk on-site to receive your name badge.

[Download Registration Confirmation](#)

点击这里

Your Registration Details

Category	Amount (JPY)	Date Time	Status	Receipt
Non WFO/JO member	100,000	April 24, 2019 15:55	paid	Receipt

Receipt can only be issued 3 time(s).

For additional registration, please click the following button.

[Additional Registration](#)

If you would like to pay by credit card with installments, please click [here](#).

[Page Up](#)

The 9th International Orthodontic Congress (9th IOC)