

例

記入欄

yourref	山田 太郎	
Journal	Yes, No	
membershipyear	2018	
gender	m or f	
title	Dr. Ns. etc.	
initials	T.	
firstname	Taro	
lastname	Yamada	
suffix	MD, PhD, etc.	
institute	Name of Clinic, University	
department	Name of Department if applicable	
function	Urologist, Gynecologist, etc.	
preferred_address_type	mail address, work or home	
work_address1	Street name, suite, etc.	
work_address2	(you may use addr. 2 and 3 as well)	
work_address3		
work_city	City	
work_state	State	
work_zip	Postal code	
work_country	Country	
work_phone	Work Phone	
work_extension	Extension (if any)	
cell_phone	Cell phone	
work_fax	Fax	