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| **APPLICATION FORM****The 10th Meeting of ACTO** |
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| **Presentation Format** 　　Poster (Selected 3 posters will be offered the oral presentation opportunity) **Category \***Please check .**1st choice: 2nd choice:**□Regenerative Medicine □bone and cartilage □cornea □epidermis □teeth□liver, kidney, other organs □blood vessel □myocardium □others□Immunotherapy □Dendritic cell therapy □T cell therapy □NK/NKT cell therapy□Gene Therapy □others□Regulatory Matters -□Facility, GMP, SOP -□Others -**Entry or not into the Best Abstract Award** □entry □not entryFor Office Use**Title** \* within 50 words.**Author name** \*Maximum number of authors is 10.**First author name** **Co-author name** 1) 2) 3) 4) 5) 6) 7) 8) 9) Please input only the body of abstract within 300 words. |