

**Call for Luncheon Seminar Applications of the 30th Congress of the International Society for Mechanical Circulatory Support**

**Date:** November 13 (Wed) - 15 (Fri), 2024

**Venue:** Light Cube Utsunomiya

**Organizer:** The 30th Congress of the International Society for Mechanical Circulatory Support (ISMCS)

**Congress Chair:** Koichi Toda, M.D.

(Professor, Department of Cardiovascular Surgery, Dokkyo Medical University Saitama Medical Center)

**Secretariat:**

Department of Cardiovascular Surgery, Dokkyo Medical University Saitama Medical Center

2-1-50 Minami Koshigaya, Koshigaya-shi, Saitama 345-8555, Japan

**Operational Secretariat:**

Total River Co., Ltd.

1st Floor, Yusen Building, 2-3-2 Marunouchi, Chiyoda-ku, Tokyo 100-0005, Japan

E-mail: [ismcs2024@totalriver.co.jp](mailto:ismcs2024@totalriver.co.jp)

TEL: +81-3-5533-8895

FAX: +81-3-5533-8896

## Application for Luncheon Seminar

**The 30th Congress of the International Society for Mechanical Circulatory Support**  
Congress Chair: Koichi Toda

**1. Dates:** November 13 (Wed) – 15 (Fri), 2024

**2. Venue:** Light Cube Utsunomiya

1-20 Miyamirai, Utsunomiya, Tochigi 321-0969, Japan

TEL: +81-28-611-5522

**3. Number of Participants:** Approximately 300 people

**4. Number of Available Slots:** 3 companies

**5. Seminar Duration:** 60 minutes per session, from November 13 (Wed) to 15 (Fri), 2024

\*Please note that the time may change depending on the program schedule. Please confirm the time in advance.

### 6. Venue Information:

\*The seating capacity may change depending on the setup.

| Venue Name  | Seating Capacity (Theater Style) | Sponsorship Fee (Including Tax) | Available Slots | Scheduled Dates     |
|-------------|----------------------------------|---------------------------------|-----------------|---------------------|
| First Venue | Approximately 160 people         | 1,760,000 JPY                   | 3 slots         | November 13, 14, 15 |

\*The sponsorship fee includes the necessary equipment for the presentation (excluding the operator for equipment management and the presentation PC) and microphones.

\*Please note that the seating capacity is based on the current estimate. If additional equipment is required for recording or other purposes, the capacity may need to be adjusted.

### Costs Not Included in the Sponsorship Fee:

1. Meal costs: Bento (lunch box with tea) for participants, meals for speakers and chairpersons during meetings, etc.
2. Labor costs: Seminar staff (projection operators, announcers, lighting operators, timekeepers, bento and material distributors, ushers, etc.)
3. Signage: Venue signs, nameplates in front of the waiting room, name displays (for

speakers and chairpersons)

4. Honoraria and transportation costs (for speakers and chairpersons)
5. Additional equipment: Notebook PCs, simultaneous interpretation, recording, equipment for the waiting room, etc.
6. If the seminar format changes, additional costs not listed above may apply.
7. Operational costs (15% handling fee for the above items)

#### **Important Notes:**

1. We will consult with the co-sponsoring company regarding the date, venue, theme, chairpersons, and speakers. Please fill out the application form with your preferences. However, please note that adjustments may be made after considering the overall program of the congress.
2. Joint sponsorship with multiple companies is possible.
3. In principle, cancellations after the application is completed are not allowed.
4. As a general rule, the theme, chairpersons, and speakers should be decided by the co-sponsoring company in consultation with the congress secretariat.

#### **7. Application Procedure:**

Please fill out the necessary information on the attached "Luncheon Seminar Application Form" and submit it by FAX or email to the address below. After reviewing your application, we will send you an invoice by mail. The application will be officially accepted once payment is confirmed.

#### **8. Application Deadline:**

Please submit the application form by **Monday, September 2, 2024**.

Applications will be closed once the available slots are filled.

#### **9. Payment Information:**

Bank Name: Saitama Resona Bank Limited (0017)

Branch Name: Minami Koshigaya (326)

Branch Address: 1-17-2 Minami Koshigaya, Koshigaya-shi, Saitama-ken 343-0845, Japan

Branch Code: 326

Account Number: 5438766

Account Name: The 30th International Society for Mechanical Circulatory Support

Swift Code: SAIBJPJT

\*Please bear the transfer fee.

\*The bank transfer receipt will serve as your receipt.

\*After receiving your application form, an invoice will be sent to you from the operational secretariat. Please transfer the fee to the specified account within one month of the invoice date.

\*In accordance with the "Transparency Guidelines for the Relationship between Corporate Activities and Medical Institutions, etc." by the Japan Pharmaceutical Manufacturers Association and the "Transparency Guidelines for the Relationship between the Medical Device Industry and Medical Institutions, etc." by the Japan Medical Device Industry Association (JFMDA), we agree to disclose on your website the costs related to the hosting of this conference, including the "Society Name" and "Sponsored Seminar Name."

**10. Submission Address (Contact Information):**

The 30th Congress of the International Society for Mechanical Circulatory Support Operational Secretariat

Total River Co., Ltd.

1F Yusen Building, 2-3-2 Marunouchi, Chiyoda-ku, Tokyo 100-0005, Japan

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**Application Deadline: Mon., Sep. 2, 2024**

(Attention: Operational Secretariat of the 30th Congress of the International Society for Mechanical Circulatory Support)

**The 30th Congress of the International Society for Mechanical Circulatory Support  
Luncheon Seminar Application Form**

**Date of Application:** Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

We hereby apply for the Luncheon Seminar as follows:

|                   |  |                   |  |
|-------------------|--|-------------------|--|
| Company<br>Name   |  | TEL               |  |
|                   |  | FAX               |  |
| Department        |  | E-mail            |  |
| Address           |  | Contact<br>Person |  |
| Preferred<br>Date | <ul style="list-style-type: none"><li>• November 13</li><li>• November 14</li><li>• November 15</li></ul> <p>*Please note that if multiple companies request the same date, we may contact you for further consultation.</p> |                   |  |

**Please fill in your planned schedule:**

|                    |              |
|--------------------|--------------|
| Seminar<br>Content | Theme:       |
|                    | Chairperson: |
|                    | Speaker:     |

**Submission Address:**

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Operational Secretariat

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