**Confirmation of Participation**

**15th DSANJ Digital Bio Conference 2025**

I understand the following and hereby participate in the 15th DSANJ Digital Bio Conference 2025 (hereinafter referred to as "the Conference").

\*Please tick (☑) the box. \*

　I have confirmed that I will not include confidential information in the materials to be provided at the conference (hereinafter referred to as "Proposed Materials").

I have confirmed that I will not disclose confidential information at this meeting.

. I have been aware that this meeting is a Digital Conference (web conference using Zoom Meeting) and have confirmed that the participants in this meeting are able to record or audio record the content of this meeting.

I have confirmed that the information on DSANJ Forms 1, 2, 3, 4 and 5 and the content of this conference might be shared by the conference organizers (Japan Agency for Medical Research and Development, Japan Pharmaceutical Manufacturers Association, Osaka Chamber of Commerce and Industry, Bio New Combinations Research Institute) and participating companies.

I have confirmed that I will receive the results of this meeting (feedback from the companies) from 15th DSANJ Digital Bio Conference 2025 management team and not from each of the interviewed companies.

☐I have confirmed that no costs are incurred in participating in this conference and that no contingency fees are incurred in the event of collaboration (e.g. joint research) with participating pharmaceutical companies.

Date Month , 2024

Signature

\*Please submit scanned data in PDF format with your own signature.

\*This confirmation form should be submitted by the person involved in the research (who will be listed as the inventor when the patent application is filed).

　The purpose of submitting this confirmation is for DSANJ to certify as a third party that it has not disclosed confidential information.