Dialysis, Renal Transplantation, Clinical Engineering, and Diet Therapy for Diabetes Mellitus and Chronic Kidney Disease

Japanese Assistance Council of establishing Dialysis Specialists system in Cambodia (JAC-DSC)

International University (IU), Phnom Penh, Cambodia

Supported by

International Society of Nephrology (ISN)

NGO Ubiquitous Blood Purification International (NGO UBPI)

Japanese Society for Technology of Blood Purification (JSTB)

July 21 ~ 22, 2017
Phnom Penh, Cambodia
Dear Participants,

Congratulations for “the intensive seminar of Dialysis, Renal Transplantation, Clinical Engineering, and Diet Therapy for Diabetes Mellitus and Chronic Kidney Disease in Cambodia 2017”. This seminar will be informed the important message for ESRD/CKD field in Cambodia and South East Asian countries.

The number of patients being treated for ESRD globally was estimated to be 3,200,000 at the end of 2013 and, with a 6% growth rate, continues to increase at a significantly higher rate than the world population. In particular, the remarkable increasing rate was shown in Asian countries. However, the access to treatment is still limited in many developing countries and a number of patients with terminal renal failure do not receive treatment. In order to save these patients, it is necessary to enhance the dialysis system, the educated staff and association of each countries.

Japanese Assistance Council of Establishing Dialysis Specialist System in Cambodia (JAC-DSC) was organized the several education programs from 2015. Moreover, the Cambodia Association of Nephrology was stated at 2016 and approval by International Society of Nephrology (ISN). This is a great opportunity recognized worldwide for the Cambodian Nephrology Society. I hope that everyone will grow in the renal area with this educational program.

We will expect to be built the cooperation between JAC-DSC and Cambodian Nephrology Team and younger generation.

Introduction of lecturers

President of the Japanese Assistance Council of Establishing Dialysis Specialist System in Cambodia (JAC-DSC)

Hideki Kawanishi, M.D., Ph.D.

Vice President of the JAC-DSC

Toru Hyodo, M.D., Ph.D.

Kenichi Kubo, Ph.D.

Secretary General of the JAC-DSC

Haruki Wakai, M.D.

Natsumi Abe, C.E.

Ako Hanaoka, C.E.

Eiji Ishimura, M.D., Ph.D., FASN, FACP

Minoru Ito, M.D., Ph.D.

Yukie Kitajima, R.D., Ph.D.

Introduction of lecturers

President of the Cambodian Nephrology Society. I hope that everyone will grow in the renal area with this educational program.

The number of patients being treated for ESRD globally was estimated to be 3,200,000 at the end of 2013 and, with a 6% growth rate, continues to increase at a significantly higher rate than the world population. In particular, the remarkable increasing rate was shown in Asian countries. However, the access to treatment is still limited in many developing countries and a number of patients with terminal renal failure do not receive treatment. In order to save these patients, it is necessary to enhance the dialysis system, the educated staff and association of each countries.

Japanese Assistance Council of Establishing Dialysis Specialist System in Cambodia (JAC-DSC) was organized the several education programs from 2015. Moreover, the Cambodia Association of Nephrology was stated at 2016 and approval by International Society of Nephrology (ISN). This is a great opportunity recognized worldwide for the Cambodian Nephrology Society. I hope that everyone will grow in the renal area with this educational program.

We will expect to be built the cooperation between JAC-DSC and Cambodian Nephrology Team and younger generation.

Introduction of lecturers

President of the Japanese Assistance Council of Establishing Dialysis Specialist System in Cambodia (JAC-DSC)

Hideki Kawanishi, M.D., Ph.D.

Vice President of the JAC-DSC

Toru Hyodo, M.D., Ph.D.

Kenichi Kubo, Ph.D.

Secretary General of the JAC-DSC

Haruki Wakai, M.D.

Natsumi Abe, C.E.

Ako Hanaoka, C.E.

Eiji Ishimura, M.D., Ph.D., FASN, FACP

Minoru Ito, M.D., Ph.D.

Yukie Kitajima, R.D., Ph.D.
Kozue Kobayashi, C.E., Ph.D.
Assistant Professor, Kitasato University School of Allied Health Sciences, Sagamihara, Japan

Moe Kojima, C.E.
Tokai University Oiso Hospital, Kanagawa, Japan.
Certified Dialysis Technician

Akihiro Kosoku, M.D.
Resident, Department of Urology, Osaka City University Graduate School of Medicine, Osaka, Japan

Hirokazu Matsubara, B.E.
Vice Secretary General of the JAC-DSC
Managing Director, TUC (Tanaka Urology Clinic Group) Japan Dialysis Center, Osaka, Japan
Vice President, TUC Vietnam
Vice Secretary General, NGO Ubiquitous Blood Purification International, Yokohama, Japan
Bachelor of Engineering in Computer Science

Toshiohe Naganuma, M.D., Ph.D.
Lecturer, Department of Urology, Osaka City University Graduate School of Medicine, Osaka, Japan
Guest Professor, International University, Phnom Penh, Cambodia

Hyogo Nakakura, M.D., Ph.D.
Chief Director of Department of Hemodialysis and Apheresis of Arisawa General Hospital

Tomotaka Naramura, C.E., Ph.D.
Associate Professor, Faculty of Medical Science, University of East Asia, Yamaguchi, Japan
Director, Clinical Engineering Global Promotion Foundation
Council Member, Japan Association for Clinical Engineers (JACE)
Council Member, Japanese Society for Technology of Blood Purification (JSTB)
Guest Professor, International University, Phnom Penh, Cambodia

Mizuki Ohara, C.E.
Clinical Engineer, Reiseikai Medical Corporation, Tokyo, Japan

Kana Suzuki, C.E.
Clinical Engineer, Reiseikai Medical Corporation, Tokyo, Japan

Junji Uchida, M.D., Ph.D.
Associate professor, Department of Urology, Osaka City University Graduate School of Medicine, Osaka, Japan
Council Member, Japanese Society of Transplantation
Council Member, Osaka Medical Association
Academic Chairman, Osaka Society of Clinical Urology

Rika Yamanaka, B.A.
Assistant Secretary of the JAC-DSC
Director and Office Manager, Reiseikai Medical Corporation, Tokyo, Japan
Certified Financial Planner
Bachelor of Arts in English

Tsuyoshi Yamaura, C.E.
Clinical Engineer, Reiseikai Medical Corporation, Tokyo, Japan

(Alphabetical order by last name)
### Program

**The intensive seminar of Dialysis, Renal Transplantation, Clinical Engineering, and Diet Therapy for Diabetes Mellitus and Chronic Kidney Disease 2017**  
**Preliminary Program**

**Date:** July 21-22, 2017  
**Venue:** International University, Building 89-91-93 & 95, St.1011-1984,  
Sangkat Phnom Penh Thmey, Khan Sen Sok, Phnom Penh, Cambodia

#### Day-1: July 21, Fri., 2017  
**General Chair of Day-1:** Toru Hyodo and Toshihide Naganuma

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:25</td>
<td><strong>Opening Remarks</strong> by Hideki Kawanishi, President of the Japanese Assistance Council of Establishing Dialysis Specialist System in Cambodia (JAC-DSC) and Sovandy Chan, Vice President of Cambodian Association of Nephrology.</td>
<td></td>
</tr>
<tr>
<td>8:30-9:00</td>
<td><strong>HD as Renal Replacement Therapy</strong> by Akihiro Kosoku</td>
<td></td>
</tr>
<tr>
<td>9:00-9:40</td>
<td><strong>Standard procedure for arteriovenous fistula and superficialization</strong> by Toshihide Naganuma</td>
<td></td>
</tr>
<tr>
<td>9:40-10:20</td>
<td><strong>Kidney Transplantation as Renal Replacement Therapy</strong> by Junji Uchida</td>
<td></td>
</tr>
<tr>
<td>10:20-10:30</td>
<td><strong>Break</strong></td>
<td></td>
</tr>
<tr>
<td>10:30-11:10</td>
<td><strong>PD as Renal Replacement Therapy</strong> by Hideki Kawanashi</td>
<td></td>
</tr>
<tr>
<td>11:10-11:50</td>
<td><strong>AKI</strong> by Hideki Kawanashi</td>
<td></td>
</tr>
<tr>
<td>11:50-12:30</td>
<td><strong>Pediatric Nephrology and ESRD</strong> by Hyogo Nakakura</td>
<td></td>
</tr>
<tr>
<td>12:30-13:30</td>
<td><strong>Lunch</strong></td>
<td></td>
</tr>
<tr>
<td>13:30-14:10</td>
<td><strong>Renal Anemia</strong> by Minoru Ito</td>
<td></td>
</tr>
<tr>
<td>14:10-14:50</td>
<td><strong>Nutrition of Dialysis Patients</strong> by Minoru Ito</td>
<td></td>
</tr>
<tr>
<td>14:50-15:30</td>
<td><strong>Diet Therapy for Dialysis Patients</strong> by Yukie Kitajima</td>
<td></td>
</tr>
<tr>
<td>15:30-15:40</td>
<td><strong>Break</strong></td>
<td></td>
</tr>
<tr>
<td>15:40-16:20</td>
<td><strong>Carbohydrate Counting for CKD Diabetic Patients</strong> by Toru Hyodo</td>
<td></td>
</tr>
<tr>
<td>16:20-17:00</td>
<td><strong>Home Hemodialysis</strong> by Haruki Wakai and Natsumi Abe</td>
<td></td>
</tr>
</tbody>
</table>

#### Day-2: July 22, Sat., 2017  
**General Chair of Day-2:** Kenichi Kokubo and Haruki Wakai

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30-9:00</td>
<td><strong>CKD-MBD</strong> by Hideki Kawanishi</td>
<td></td>
</tr>
<tr>
<td>9:00-9:30</td>
<td><strong>The Practical Working Flow in Dialysis Rooms</strong> by Mizuki Ohara, Tsuyoshi Yamaura, and Kana Suzuki</td>
<td></td>
</tr>
<tr>
<td>9:30-10:00</td>
<td><strong>What is Hemodialysis Practice to Patients</strong> by Moe Kojima</td>
<td></td>
</tr>
<tr>
<td>10:00-10:30</td>
<td><strong>Dialysis fluid Purification</strong> by Tomotaka Naramura</td>
<td></td>
</tr>
<tr>
<td>10:30-10:40</td>
<td><strong>Break</strong></td>
<td></td>
</tr>
<tr>
<td>10:40-11:10</td>
<td><strong>Medical Check for Vascular Access</strong> by Ako Hanaoka</td>
<td></td>
</tr>
<tr>
<td>11:10-11:40</td>
<td><strong>Infectious Control in Dialysis Room</strong> by Hirokazu Matsubara</td>
<td></td>
</tr>
<tr>
<td>11:40-12:10</td>
<td><strong>Maintenance of Dialysis Machines</strong> by Kozure Kobayashi and Kenichi Kokubo</td>
<td></td>
</tr>
<tr>
<td>12:10-13:10</td>
<td><strong>Lunch</strong></td>
<td></td>
</tr>
<tr>
<td>13:10-14:10</td>
<td><strong>Current status of the treatment of predialysis patients with chronic kidney disease, in the World, in Japan, and in Cambodia. Special emphasis of non-diabetic and diabetic CKD</strong> by Eiji Ishimura</td>
<td></td>
</tr>
<tr>
<td>14:10-14:30</td>
<td><strong>Introduction of Dialysis Products</strong> by Kimihiko Nakamura of Nipro Corporation, Japan</td>
<td></td>
</tr>
<tr>
<td>14:30-15:30</td>
<td><strong>Comprehensive Examination (The Final Test)</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 16:00-17:30 | **Closing Ceremony**  
1: The announcement of the excellent participants who can get donated text books  
2: The announcement of the most excellent 2 participants who will be able to visit Japan in order to study “Dialysis, Renal Transplantation, Clinical Engineering, and Diet Therapy for Diabetes Mellitus and Chronic Kidney Disease” for 7 days and ISN Frontier 2018, in January and February 2018.  
3: Closing Remarks by Hideki Kawanishi, President of JAC-DSC and Sovandy Chan, Vice President of Cambodian Association of Nephrology. |
HD as Renal Replacement Therapy

Akihiro Kosoku, M.D.

The kidney plays several vital roles in maintaining the health. Chronic kidney disease (CKD) causes to lose the kidney function over time. The final stage of CKD is end-stage kidney disease (ESKD). The kidney function of people with ESKD is too decreasing below 10 percent of the kidney normal ability to maintain their lives. Therefore, people with ESKD need to have renal replacement therapy. There are roughly three types of renal replacement therapy: kidney transplantation, peritoneal dialysis, and hemodialysis. In this lecture, the general outline of renal replacement therapy including hemodialysis will be discussed.

PD as Renal Replacement Therapy

Hideki Kawanishi, M.D., Ph.D.

Peritoneal dialysis has been applied as a self-care and home-based procedure for patients with ESRD and has contributed to restoring and maintaining patients’ social and family lives. In this lecture, peritoneal dialysis theory, devices, systems, and use in the clinical setting will be discussed.

AKI

Hideki Kawanishi, M.D., Ph.D.

Acute kidney injury (AKI) is an abrupt loss of kidney function that develops within 7 days. Generally it occurs because of damage to the kidney tissue caused by decreased kidney blood flow from any cause, exposure to substances harmful to the kidney, an inflammatory process in the kidney, or an obstruction of the urinary tract. In this lecture, we will discuss the mechanism and management of AKI.

Pediatric Nephrology and ESRD

Hyogo Nakakura, M.D., Ph.D.

Renal failure in children is a rare disease, but treatment is necessary. And our treatment goal is to nurture the physical and mental health of these children to a level equal to that of healthy children. I will outline about renal failure in children.

Kidney Transplantation as Renal Replacement Therapy

Junji Uchida, M.D., Ph.D.

Cardiovascular mortality rate for patients receiving maintenance dialysis is between 10-20 times that of the general population. After successful kidney transplantation, cardiovascular mortality is reduced despite use of immunosuppressive therapy. Transplantation improves the cumulative survival of end-stage renal disease patients compared with dialysis. Furthermore, kidney transplantation has improved quality of life compared with dialysis.

Kidney transplantation is the preferred treatment for end-stage renal disease, because it has been found to be associated with greater longevity and better quality of life compared with dialysis.

Due to the severe shortage of deceased donors in Japan, ABO-incompatible living donor kidney transplantation has been performed since the late 1980s. Excellent long-term outcomes have been achieved, and the rates of graft survival in these patients are currently similar to those in recipients of ABO-compatible grafts.

In this lecture, surgical procedure of kidney transplantation, comparison between kidney transplantation and dialysis, immunosuppressive therapy, outcomes, and ABO-incompatible kidney transplantation will be discussed.

Kidney Transplantation as Renal Replacement Therapy

Junji Uchida, M.D., Ph.D.

Cardiovascular mortality rate for patients receiving maintenance dialysis is between 10-20 times that of the general population. After successful kidney transplantation, cardiovascular mortality is reduced despite use of immunosuppressive therapy. Transplantation improves the cumulative survival of end-stage renal disease patients compared with dialysis. Furthermore, kidney transplantation has improved quality of life compared with dialysis.

Kidney transplantation is the preferred treatment for end-stage renal disease, because it has been found to be associated with greater longevity and better quality of life compared with dialysis.

Due to the severe shortage of deceased donors in Japan, ABO-incompatible living donor kidney transplantation has been performed since the late 1980s. Excellent long-term outcomes have been achieved, and the rates of graft survival in these patients are currently similar to those in recipients of ABO-compatible grafts.

In this lecture, surgical procedure of kidney transplantation, comparison between kidney transplantation and dialysis, immunosuppressive therapy, outcomes, and ABO-incompatible kidney transplantation will be discussed.

Pediatric Nephrology and ESRD

Hyogo Nakakura, M.D., Ph.D.

Renal failure in children is a rare disease, but treatment is necessary. And our treatment goal is to nurture the physical and mental health of these children to a level equal to that of healthy children.

I will outline about renal failure in children.

Renal Anemia

Minoru Ito, M.D., Ph.D.

Anemia is a common feature of CKD associated with reduced quality of life and increased cardiovascular disease, hospitalizations, cognitive impairment, and mortality. Predominant causes of anemia in CKD are erythropoietin deficiency and iron deficiency. The recombinant human erythropoietin and other erythropoiesis-stimulating agents greatly benefited patients by improving their symptoms.

In this lecture, we will discuss the mechanism and management of anemia in CKD.

Nutrition of Dialysis Patients

Minoru Ito, M.D., Ph.D.

Nutritional problems in CKD patients are complicated, and its causes are multifactorial. Malnutrition, Inflammation, and Atherosclerosis affect the nutrition of CKD patients. In this lecture, we will focus on the special features of nutrition of dialysis patients.
Diet Therapy for Dialysis Patients

Yukie Kitajima, R.D., Ph.D.

The purpose of diet therapy is to avoid malnutrition and prevent the progression of various hemodialysis-related complications. The basics of the dialysis diet are as follows:

1. Control of salt and water intake
2. Appropriate energy intake
3. Control of potassium intake
4. Appropriate protein intake
5. Control of phosphorus intake

It is most important for dialysis patients to restrict salt. This lecture will focus on ways to control water intake, ensure adequate energy and potassium intake in dialysis patients. Increased concentration of potassium in the blood can strain on the heart. This lecture will cover foods high in potassium and cooking methods to reduce potassium content with specific examples. In addition, I will lecture how to intake protein and phosphorus. Hyperphosphatemia is a risk factor for cardiovascular disease and is associated with the development of secondary hyperparathyroidism and ectopic calcification. Potassium and Phosphorus is a nutrient contained in many foods. It is important for CKD patients to monitor their daily dietary phosphorus intake. Dietary habit in Japan is different from that in Cambodia. Together let’s think about what foods and dishes in Cambodia have high and low contents of potassium and phosphorus.

Carbohydrate Counting for CKD Diabetic Patients

Toru Hyodo, M.D., Ph.D.

Diabetes is the main cause of dialysis induction in many countries. In many developed countries, diabetes and CKD are managed individually by an endocrinologist and nephrologist, respectively. However, dialysis specialists must act as both endocrinologist and nephrologist when treating dialysis CKD patients. Thus, dialysis treatment in such patients has been difficult. Blood sugar control is very important in diabetic dialysis patients; however, an effective diet therapy has not been proved. Recently, carbohydrate counting has been shown to be a powerful method to control blood sugar in diabetic dialysis patients. In this lecture, the carbohydrate counting will be described as the diet therapy for CKD diabetic patients.

Home Hemodialysis

Haruki Wakai, M.D. / Natsumi Abe, C.E.

Hemodialysis (HD) started at Calmette Hospital with 4 dialysis machines in 1997 in Cambodia. The machines were updated to 26 machines until 2011. In 2015, there were 191 patients from every part of the country. The hemodialysis services were served in 2015. As for peritoneal dialysis, it was introduced to 3 acute renal failure patients as the pilot therapy supported by International Society of Nephrology.

On the other hand, the dialysis center in Keteleica Hospital was established in 2007, Health Science Institute Hospital in 2008, Sen Sok International University Hospital in 2010, Kossamak Hospital in 2016. The 10 dialysis centers in total have been opened until 2017. Until now, the number of HD patients has reached to around 500. However, there are no health insurance systems and the cost of HD must be covered by patients themselves.

In 2016, the Cambodian Association of Nephrology was established and the first annual scientific meeting was held on 26th November. This association is made of 14 nephrologists or dialysians. More than 200 young medical students and doctors attended to this meeting. Two Cambodian and 2 Japanese professors gave the lectures.

Health Insurance Systems in Japan

Rika Yamanaka, B.A.

Dialysis treatment is an expensive treatment, and the cost of providing dialysis treatment to many patients is a global issue. This lecture will introduce the Japanese health insurance system and examine the financial issues associated with dialysis treatment.

The Present Status and History of ESRD Care in Cambodia

Toru Hyodo, M.D., Ph.D.

Hemodialysis (HD) started at Calmette Hospital with 4 dialysis machines in 1997 in Cambodia. The machines were updated to 26 machines until 2011. In 2015, there were 191 patients from every part of the country. The hemodialysis services were served in 2015. As for peritoneal dialysis, it was introduced to 3 acute renal failure patients as the pilot therapy supported by International Society of Nephrology.

On the other hand, the dialysis center in Keteleica Hospital was established in 2007, Health Science Institute Hospital in 2008, Sen Sok International University Hospital in 2010, Kossamak Hospital in 2016. The 10 dialysis centers in total have been opened until 2017. Until now, the number of HD patients has reached to around 500. However, there are no health insurance systems and the cost of HD must be covered by patients themselves.

In 2016, the Cambodian Association of Nephrology was established and the first annual scientific meeting was held on 26th November. This association is made of 14 nephrologists or dialysians. More than 200 young medical students and doctors attended to this meeting. Two Cambodian and 2 Japanese professors gave the lectures.

CKD-MBD

Hideki Kawanishi, M.D., Ph.D.

Mineral and bone disorder is a major complication in patients with CKD, particularly those undergoing dialysis, and is a problem that has yet to be conquered. In this lecture, the role of parathyroid hormone, phosphorus, and calcium in CKD and international guidelines for the treatment of CKD-MBD will be introduced.

The Practical Working Flow in Dialysis Rooms

Mizuki Ohara, C.E. / Tsuyoshi Yamura, C.E. / Kana Suzuki, C.E.

Dialysis therapy requires the cooperation of many medical professionals. Nurses and clinical engineers perform most of the daily practical work. In this lecture, the practical working flow at a standard dialysis room in Japan will be explained through the use of video footage. This virtual experience will allow you to familiarize yourself with dialysis treatment.
Maintenance of Dialysis Machines

Kozue Kobayashi, C.E., Ph.D. / Kenichi Kokubo, Ph.D.

Dialysis equipment should work correctly. Lack of consistency between dialysate inflow and dialysate outflow and fluid removal and improper control of dialysate concentration will directly result in a life threatening event. Inspection of dialysis equipment before, during, and after use is a very important task for medical staff (the dialysis machine also provides some automated inspection). Scheduled maintenance and inspection should also be performed every 6 months. In this lecture, the basic concept and practice of dialysis equipment maintenance and inspection will be explained.
Session 1: Nipro Corporation Company Profile, Dialysis Machine, and Needle Removal Detector
In the first session, we will provide an overview of the Nipro Corporation company profile and the company’s dialysis machine and needle removal detectors. Using video and PowerPoint presentations, we will show how our dialysis machine allows for precise water removal and the new functions available on our latest machine. In addition, you will be allowed hands-on access to compare older and newer needle removal detectors during the “Touch and Use” section of the session.

Session 2: Dialyzer, Needle, and Buttonhole Kit
In the second session, we will introduce Nipro dialyzers and needles. In the “Touch and Use” section of the session, you will have hands-on access to Nipro needles including their clamps, safety mechanisms, and check valves. Moreover, we will show you the Nipro Buttonhole Kit and Dull Arteriovenous Fistula Needle.
July 21 - 22, 2017

International University (IU):
Building 89-93 & 95, St.1011-1984, Sangkat Phnom Penh Thmey, Khan Sen Sok, Phnom Penh, Cambodia
Tel: (855) 13 881-613, H/P: 099 899 069, 016 203 040
Email: info@iu.edu.kh  Website: www.iu.edu.kh

The program (time schedule) is publicized on the following website:
http://www.cambodia-dialysis.com/

JAS-DSC will issue a certificate of seminar completion to participants with an attendance rate of 60% or higher who achieve the specified score or higher on the final test.

An English textbook on dialysis etc. will be given to participants with an attendance rate of 60% or higher who rank among the top 10 based on the final test score.

One or two particularly excellent participants who satisfy all of the following criteria will be invited to attend a 7-day training course in Japan.

1. A participant with an attendance rate of 60% or higher and an excellent final test score.
2. A participant who is highly motivated and qualified to become a dialysis healthcare professional.
3. A participant with a certain level or higher English skills.
4. A participant who is courteous and follows the rules.
5. A participant who is in good health and without infectious disease.
6. A participant who wishes to participate in the training in Japan and can obtain family consent.
7. A participant who can obtain a passport.

* Selection will be made by the JAC-DSC. Objections to the selection results will not be allowed.
* The training will take place in or near Tokyo, Japan, in January and February 2018. The participants will receive practical training at several medical institutions and universities. They can join a tour of Tokyo as an extracurricular activity.
* The JAC-DSC or JSTB will pay for the following training expenses: airfare, hotel, travel insurance, transfer fee, Cambodia International Airport tax, and reference materials.

Please make contact with "International University, Cambodia" directly or e-mail your information to info@reiseikai-media.org
Please write, your name, age, female/male, e-mail address, phone number, occupation, institute and department that you belong to (university, school, hospital, clinic, corporation, etc.), in your e-mail.
Your e-mail will be forwarded to both of JAC-DSC staff and IU staff automatically.
*Participants need to pay "10 USD" to cover venue preparation costs.