

Dry Mouth Patient Society in Japan Application Form

Name	
Age	Years
Sex	1. Male 2. Female
Address	〒 -
Telephone No.	
FAX No.	
E-Mail address	
Comments	

Residents of Japan please apply by either faxing the above application form or sending it by E-mail to the address below.

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| <p>1. FAX to : FAX number: 03-6332-8155</p> <p>2. E-Mail to: office@drymouth-society.jp</p> |
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