

Form 1. (If there is no COI to disclose.)

● ● ● ● ● (Abstract Title)

● ● ● (Lead Presenter's Affiliation)

● ● ● (Lead Presenter's Name)

The lead Presenter has completed the COI self-reporting to the Japan Neurosurgical Society.

In connection with the Presentation,

There is no COI to be disclosed with any companies.

Form 2-1. (If there is any COI to disclose.)

● ● ● ● ● (Abstract Title)

● ● ● (Lead Presenter's Affiliation)

● ● ● (Lead Presenter's Name)

The lead Presenter has completed the COI self-reporting to the Japan Neurosurgical Society.

Form 2-2. (If there is any COI to disclose.)

COI Disclosure

The lead Presenter has completed the COI self-reporting to the Japan Neurosurgical Society.

In connection with the presentation, we disclose COI with following companies from January to December, 2012.

- | | |
|--------------------------|------------------------------|
| 1. Executives/Advisors : | Ex): No or Yes (OO Company) |
| 2. Shareholding : | No |
| 3. Patent royalty : | No |
| 4. Speaking fee : | Yes (OO Company) |
| 5. Manuscript fee : | No |
| 6. Research fee : | No |