*Medical Institute of Bioregulation (MIB), Kyushu University*

**Research Meeting Application for FY2024**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant Name | *Last 　 First* | | Phone: | | |
| Mail: | | |
| Affiliation/Organization  Position/Title |  | | | | |
| Contact/ Address |  | | | | |
| Workshop Title |  | | | | |
| Date | *month / day / year 　 　　 month / day / year*  From 　　　　　　　　　 to | | | | |
| Place/Venue |  | | | | |
| Please describe the purpose and significance of the workshop/ expected results/ state of preparation, etc. |  | | | | |
| Scheduled  Lecturer／Attendant | Name | Affiliation / Position | | Sex | 35 years old or younger（Yes/No） |
|  |  | |  |  |
| Facilitator Name  in MIB |  | | | | |
| Please describe the approximate estimate of travel expenses  departure & destination points /duration/ the number of people (with title) /travel fee in JPY |  | | | | |

Signature 　　 　　　　Date

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