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

**Research Meeting Application for FY2024**

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| --- | --- | --- |
| Applicant Name | *Last 　 First*　 | Phone:  |
| Mail:  |
| Affiliation/OrganizationPosition/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. |  |
| ScheduledLecturer／Attendant | Name | Affiliation / Position | Sex | 35 years old or younger（Yes/No） |
|  |  |  |  |
| Facilitator Name in MIB |  |
| Please describe the approximate estimate of travel expensesdeparture & destination points /duration/ the number of people (with title) /travel fee in JPY |  |

Signature 　　 　　　　Date

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