**Registration Form**

**AEARU Advanced Materials Science Workshop**

**Osaka University**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of University | Tohoku University | | | | | |
| Department/Institution |  | | | | | |
| Position |  | | | | | |
| Student Number (Students only) | |  | | **Year of Study**(Students only) | |  |
| Participant Information | | | | | | |
| Family Name |  | | First Name | |  | |
| Gender (M / F) |  | | Date of Birth *(dd-mm-yyyy)* | |  | |
| Nationality |  | | Email | |  | |
| Telephone  *(country code – area code – tel no.)* |  | | | | | |
| Mailing Address |  | | | | | |
| **Passport Information** | | | | | | |
| Full Name as in Passport |  | | Issuing country | |  | |
| Passport No. |  | | Place of Issue | |  | |
| Date of Issue |  | | Date of Expiry | |  | |
| **Flight Information** | | | | | | |
| Arrival time |  | | Flight No. | |  | |
| Departure time |  | | Flight No. | |  | |
| Visa letter required | Yes  No | | | | | |
| **Other Information** | | | | | | |
| Special Dietary Requirements  (i.e. vegetarian, halal, etc.) | | |  | | | |
| **Next-of-Kin (NOK)** *Should there be a need to contact your next-of-kin during an emergency, the person below will be contacted immediately.* | | | | | | |
| Name |  | | Relationship with Participant | |  | |
| Address |  | | | | | |
| Telephone  *(country code – area code – tel no.)* |  | | | | | |

**Contact/Inquiries:** *kokusai-koryu-suisin@office.osaka-u.ac.jp*

International Affairs Division Department of International Affairs

Osaka University