様式2  
Form 2

**Registration Form**

**AEARU Advanced Materials Science Workshop**

**Osaka University**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of University |  | | |
| 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*

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