|  |  |  |
| --- | --- | --- |
| ※ |  |  |

**Form 3-1**  　　　　　　　　　　　　　　　　　　　　　　　　　　　(※ Do not fill out)

 Application Form for Workshops and Symposia

Date:

 To the Director of the Disaster Prevention Research Institute of Kyoto University,

　　　　　　　　　Applicant (Principal Investigator)

 Phonetic transcription in Japanese kana (or hiragana)

　　　　　　　　　Name

　　　　　　　　　Position

　　　　　　　　　Affiliation

　　　　　　　　　Address (〒 )

　　　　　　　　　Tel ( ) - (Extension)

　　　　　　　　　Fax ( ) -

　　　　　　　　　e-mail address:

　　　　　　　　　Name of DPRI collaborative researcher

I would like to conduct a research meeting as described below and submit this application

|  |  |
| --- | --- |
|  Meeting Title(in Japaneseand English) | ※1 (Name of the organization for joint sponsorships ) |
| Scheduled venue | ※2 | open / closed meeting |
| Scheduled date | Month dd, 20yy |
| DPRI collaborator |  |
| Number of participants | (Provide numbers of participants that will receive and will not receive travel expenses.)The list of participants should be submitted on Form 3-2) |
| Expenses |  (Provide venue use fees, Travel expenses, and Total amount)  |
| Objectives and content of the research meeting (within 200 words) |
| Expected outcome |

* 1 In the case of joint sponsorship include the name of the organization.
* 2 For venues other than the Uji campus of Kyoto University or DPRI facilities, note the reasons on a separate sheet.

These explanatory notes can be deleted.

**Submit the application via e-mail (we accept the Microsoft WORD format only). The subject line should be “Application for Workshops and Symposia (\*\*\*\*)” (\*\*\*\* is the name of the Principal Investigator). Submit to: Person in charge of the Joint Usage of Research Support Section of the Uji Administrative Office. e-mail: kyodo****dpri.kyoto-u.ac.jp**

**Form 3-2**

List of Participants for a research meeting

　　　　　　　　　 Applicant (Principal Investigator)

　　　　　　　　　 Name

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Affiliation | Position | Remarks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |