

# Application Form for Travel Fellowship

## Applicant Information (REQUIRED)

Name: \_\_\_\_\_  
Title Family Name First Name Middle Name

Affiliation: \_\_\_\_\_  
Institution Department

Position: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Month Date Year

Address: Office Other \_\_\_\_\_  
\_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Nationality: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mentor Name: \_\_\_\_\_ Mentor E-mail: \_\_\_\_\_

Mentor Affiliation: \_\_\_\_\_

Will you need to obtain a visa to enter Japan? Yes No

Have you ever received the CDB Travel Fellowship before? Yes No

If yes, please state the date and name of the meeting: \_\_\_\_\_

## Meeting Information (REQUIRED)

Name of the meeting or symposium you wish to use the fellowship for:  
\_\_\_\_\_

Abstract Title: \_\_\_\_\_

## Questionnaire (OPTIONAL)

Q1. How did you know about the fellowship provided by the CDB?

1) Poster 2) Website 3) Informed by [ ] 4) Other [ ]

(Please state source)

Q2. Have you ever been to the CDB or Japan?

1) Yes, both of them. 2) Only Japan. 3) Neither

Q3. Do you have an interest in an internship in the CDB?

Yes No