

Application Form for Travel Fellowship

Applicant Information (REQUIRED)

Name: _____
Title Family Name First Name Middle Name

Affiliation: _____
Institution Department

Position: _____ Ph.D. Received (or expected completion date) _____ / _____ / _____
Month Date Year

Date of Birth: _____ / _____ / _____ Age: _____ Nationality: _____
Month Date Year

Address: Office Other _____

_____ Postal Code: _____ Country: _____

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