

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