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|  | RAS6083  IAEA/RCA Regional Training Course on Theragnostics and Dementias  December 4-8, 2017  Osaka University Graduate School of Medicine, Osaka, Japan  Application Form | C:\Users\Kayoko Tsunoda\Desktop\logo_A-E(1).png  C:\Users\Kayoko Tsunoda\Documents\Documents\IAEA\IAEA201706（上級コース）\AOFNMB logo.jpg |

1) Personal Information

|  |  |
| --- | --- |
| (\*) First Name |  |
| Middle Name (if available) |  |
| (\*) Last Name (Family Name) |  |
| Gender | □ Male □ Female |
| (\*) Nationality |  |
| (\*) Institute |  |
| Department |  |
| (\*) Title | □ Prof. □ Dr. □ Ms. □ Mr. □ Other: ( ) |
| Occupation | □ MD 　□Technologist □Chemist □ Other: ( 　　　　 ) |
| AOFNMB membership | □ Member (ID )\*necessary |

\* This information will be printed on the name badge. Please fill all items correctly.

2) If you need documents for VISA application, please input below

|  |  |
| --- | --- |
| Full Name (same as passport) |  |
| Passport number |  |
| Date of Birth (YYYY/MM/DD) |  |
| Postal address for visa documents delivery | □ Office 　□ Home |
| Country |  |
| Phone Number (please include country code) |  |
| Email address |  |
| Date of arrival in Japan |  |
| Date of departure from Japan |  |
| \*\* Please attach the copy of your passport. | |

\* Please return this form before the deadline: November 20, 2017.

\* For any inquiries, please contact: [aofnmb.osaka@gmail.com](mailto:arccnm.osaka@gmail.com)