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|  | WS-RAS6091-EVT1801548 IAEA/RCA Regional Workshop on Understanding CT Scan Role in Hybrid Imaging (PET/CT and SPECT/CT)  October 1-5, 2018  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 |
| (\*) Country |  |
| (\*) Institute |  |
| Department |  |
| (\*) Title | □ Prof. □ Dr. □ Ms. □ Mr. □ Other: ( ) |
| Occupation | □ MD 　□Technologist □Chemist □ Other: ( 　　　　 ) |
| Email address |  |
| AOFNMB membership | □ Member (ID ) □ Under procedure |

\* 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) | ( Age ) |
| Postal address for visa documents delivery | □ Office 　□ Home |
| Nationality |  |
| Phone Number (please include country code) |  |
| Date of arrival in Japan |  |
| Date of departure from Japan |  |
| \*\* Please attach the copy of your passport. | |

\* If you need visa documents, please submit until August 24, 2018.

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