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| **2024 Joint Usage/Collaborative Research Meeting Approval of Application**  　　　　　　　　　　　　　　　　 Day /Month /Year  　 To: Director of the Tropical Biosphere Research Center(TBRC), University of the Ryukyus  Representative of the Collaborative Research / Research Meeting  　Affiliation and Job Title:  　 Name: 　　 Signature:  　 Address:      　　　　　　　　　　　　　 Tel: 　　 　　 Fax: 　 Email: | |
| Research Meeting Theme |  |
| Venue | Nishihara Station  Iriomote Station  Sesoko Station  Center of Molecular Biosciences Others  □Others ( ) |
| Host Researcher in TBRC |  |
| Written Consent  　　I hereby consent to the application of the above person for Joint Usage/Collaborative Research  Meeting at the Tropical Biosphere Research Center, University of the Ryukyus.  Day /Month /Year    Director of the Applicant’s Institute  　　　　　　 Name:　 　　　Signature: | |