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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: 　　　　　　　　　　　　　　　 |