

The 12th AIDS Seminar – Application Form for Travel Award

Name _____

Date of Birth _____ Age _____

Home Address _____

Lab. Affiliation _____

Lab. Address _____

Position _____ (If you are a student, write the name of university, faculty and the year)

Phone _____

Fax _____

e-mail _____

The reason and motive you have decided to participate in this seminar
(※Write within this box.)