**To: 16th KUMAMOTO AIDS Seminar Office**

**e-mail: cark@kumamoto-u.ac.jp**

**Application Form for Abstract Submission**

※Send this form together with form3 (Abstract).

※All the fields are required to fill in

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| Name  (Presenter only) |  | | |
| Affiliation  (incl. Division, etc.) |  | | |
| Position  (job title / academic year) |  | | |
| Address of Affiliation |  | | |
| Phone |  | FAX |  |
| e-mail address |  | | |

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| 【Regarding presentation】   * If your abstract has been accepted, you are required to make a poster presentation in English. Guidelines for poster presentation will be notified to you after the notification of abstract acceptance is sent to you. * Some applicants may be offered to give an oral presentation in English. The selected applicants will be informed after the notification of abstract acceptance. * Please fill in the form3 (Abstract) according to the instructions given on the template of page 2. Send the form3 together with this form by email to the above e-mail address. Please note that we will publish your abstract without any correction or editing. |