**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

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

|  |
| --- |
| 【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.
 |