

Date	
Number	

  

<b>Travel Support</b>
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## Application Form for IMEG Travel Support Program FY2018 Kumamoto University

National University Corporation Kumamoto University

TO: IMEG Director

Applicant

Affiliation \_\_\_\_\_

Job Title \_\_\_\_\_

Full Name \_\_\_\_\_

Contact Information

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

I hereby apply for the Travel Support Program for the following collaborative research project.

※Please replace  in 1, 5, & 7 with  for the appropriate item

1. Research Area	<input type="checkbox"/> Developmental Regulation <input type="checkbox"/> Stem Cell Research <input type="checkbox"/> Organogenesis	
2. Project Title		
3. Project Period & Estimated Costs	From DD/MM/YYYY to DD/MM/YYYY Travel Expenses: Total JPY _____ (Breakdown) Name _____: _____ nights, _____ times Name _____: _____ nights, _____ times Name _____: _____ nights, _____ times	
<b>4. Project Members</b>		
Researcher Name(s)	Affiliation, Job Title	Expected role in project
IMEG Researcher(s)	Affiliation, Job Title	Expected role in project

5. Previous Support	Have you ever received any support from IMEG Joint Research Program? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what was the year of the project?    Year: _____ Type of support: <input type="checkbox"/> Research/Travel Support <input type="checkbox"/> Travel Support
6. Purpose of this visit	
Describe the purpose of the visit, and if applicable the use of common equipment.	
7. Additional support for equipment use. <input type="checkbox"/> Necessary <input type="checkbox"/> Not necessary Equipment Used (    )    Number of analyses (    )    Estimated cost (JPY) _____  ※Up to 100,000 yen. (Maximum 200,000 yen for special circumstances)  Check one of the following: <input type="checkbox"/> I agree that costs will be within the support amount. <input type="checkbox"/> The IMEG host researcher will accept the burden of any costs exceeding the support amount.	
8. Reference Papers	
List applicant's papers related to the purpose of the visit, if any. Include: Title, Journal Name, Volume, Page Numbers, Authors (underline the applicant & mark the corresponding author with a star [*]).	
9. Questionnaire: How did you learn about this Travel Support Program of IMEG? (Multiple answers allowed) 1. IMEG website    2. Joint Research Support Poster    3. IMEG Faculty    4. Other (    )	

Vertical size of cells may be adjusted but please keep the full application within 2 pages.