

DATE 20 / /

APPLICATION FORM

TO: Institute Head of the
BIOLOGICAL INSTITUTE ON KUROSHIO

Applicant Organization :

Address :

Signature of
responsible person :

permit	not permit	reason

Please permit me to use the facilities of the BIOLOGICAL INSTITUTE ON KUROSHIO. I understand and consent to the contents of the guideline for usage.

purpose	investigation / research / other()			period	from 20 / /	to 20 / /	
research title							
lodging	Institute facilities / hotel nearby / no need		laboratory facilities hope to use				
User List							
name	sex	belong to	grade/ post	address	email address	emergency contact call	room type to hope for
	M • F	student / non student					<input type="checkbox"/> private room <input type="checkbox"/> 4 bed room <input type="checkbox"/> japanese room <input type="checkbox"/> any room
	M • F	student / non student					<input type="checkbox"/> private room <input type="checkbox"/> 4 bed room <input type="checkbox"/> japanese room <input type="checkbox"/> any room
	M • F	student / non student					<input type="checkbox"/> private room <input type="checkbox"/> 4 bed room <input type="checkbox"/> japanese room <input type="checkbox"/> any room
	M • F	student / non student					<input type="checkbox"/> private room <input type="checkbox"/> 4 bed room <input type="checkbox"/> japanese room <input type="checkbox"/> any room

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