Application Form: Technical Consultation

Institute of Mathematics for Industry, Kyushu University

		Date	
Name		**Position/Title**	
Affiliation			
Contact	**Address** **TEL** **FAX** **E-mail**		
Content *Please describe in detail and as specifically as possible. When necessary, please attach references, or documents.*			

Type of Application	**1.Collaboration 2.Contracted Research 3.Provision of Knowledge** **4.Others( )**		
Keyword(s)			
Desired Consultant *When necessary*	**Name**	**Affiliation**	**Position/Title**
***Official use only**	**TC - -**		

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