**Application Form for GI-CoRE Summer School for Medical Physics 2015**

Please fill out this form and send it as an attached file (Word) to the administration office (at SummerschoolQMSE@oia.hokudai.ac.jp ) no later than **17 April, 2015**

* **Name** :

Family name :

First name :

Middle name :

* **Sex :** □ Male / □ Female
* **Date of Birth** (dd/mm/yyyy) : / /
* **Nationality** :
* **Affiliation** :

Organization / Institution :

Department :

* **Grade (student only)** : □ Doctor 1 / □ Doctor 2 / □ Doctor 3 /

□ Master 1 / □ Master 2 / □ Undergraduate / □ Other

* **Title** : □ Dr. / □ Mr. / □ Ms.
* **E-mail** : @
* **Contact Address** : (Street)

(City) (Country) (Postal code)

* **Phone** :
* **Fax** :
* **Meal Request** : □ None / □ Vegetarian / □ Other ( )
* **Food Allergy** (if any) :
* **Financial Resources for Traveling** :

 □ I do not need to travel to participate in the summer school.

 □ I will travel with the funding from my university / institution etc.

 □ I will travel at my own expense.

□ I will need a funding for the travel to participate in the summer school.

* **Motivation for this application** (up to 300 words) :