

Computational Materials Design Workshop (CMD®) Application Form

<< EXPERT COURSE >>

Please fill up the ff. form and submit it, by Fax AND E-mail, to:

CMD® Secretariat, Graduate School of Engineering, Osaka University

E-MAIL : cmd@dyn.ap.eng.osaka-u.ac.jp

FAX : +81 6 6879 7859

Submission Deadline: 3 February 2008 (SUNDAY)

1. NAME (Surname, Given Name) (Team Leader/Representative)					
2. Gender (Pls. mark with a ○)		M · F (* lodging purposes)			
3. Affiliation Name and Division Street Address City State Postal Code Country TEL FAX E-mail		() - () - @			
4. Previous participation (Pls. mark with a ○)		1 st · 2 nd · 3 rd · 4 th · 5 th · 6 th · 7 th · 8 th · 9 th · 10 th · 11 th · 12 th CMD® Workshop-Beginner Course 3 rd · 5 th · 6 th · 7 th · 8 th · 9 th · 10 th · 11 th · 12 th CMD® Workshop-Advanced Course 4 th · 5 th · 6 th · 7 th · 8 th · 9 th · 10 th · 11 th · 12 th CMD® Workshop-Expert Course			
5. Position ※					
6. Research Field/Interest					
7. Target Material					
8. Contact Address (other than affiliation, optional) TEL E-mail		() - @			
9. Topic Proposal to Tackle During the Workshop					
10. Please check the appropriate box on the right.		<input type="checkbox"/> : I am willing to join up with other participants having similar research interest. <input type="checkbox"/> : I would like to work alone/with my own team.			
11. Team Members	NAME	AFFILIATION	POSITION	RESEARCH FIELD/TARGET MATERIAL	PREVIOUS CMD® WORKSHOPS PARTICIPATED
					Yes/No
					Yes/No
					Yes/No
					Yes/No

※In the field [5. Position], please answer: Prof., Assoc. Prof., M.S. Student (year), Ph.D. student (year) , etc.

12. Summary of Proposed Topic (including prior preparation and expectation)
(additional pages may be appended whenever necessary)