Application Form for International Exchange Seminar on Advanced Rehabilitation Researches in Hokkaido University

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| **Attendee Name**(Same as Passport) |  |
| **Male of Female**(Circle one of them) | Male Female |
| **Date of Birth** |  |
| **Affiliated Institution**(Including PT or OT) |  |
| **Nationality** |  |
| **Occupation**(Students, Occupational therapist, physical therapist, etc.) |  |

Please kindly be noted that this is first step of application, and we will ask more information such as your bank account, passport copy, etc. later on.

Faculty of Health Sciences, Hokkaido University

Contact Person about arrangement

Hana Denda

International & PR Coordinator

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