

Application for the Grant for Symposium
Program of the Institute for Genetic Medicine (IGM), Hokkaido University (FY2023)

Date: _____

Institution (University, college, etc.)		
Academic Unit (School, Faculty, etc.)		
Applicant	Title	
	Name	
	Address	
	T E L	
	F A X	
	E - M A I L	

Title of Symposium			
Period of Symposium	From (YMD)	to (YMD)	(within 3 days)
Host researcher at IGM			
Name of division :			
Name of host researcher :			
Conference Outline			
Description of the Symposium proposed (including its purpose, background, and expected effects)			

Names of speakers and affiliations (Circle the number of the organizer(s))						
No.	Name	Institution (University, college, etc.)	Title	※Young Researcher (35 or under) (Please put a circle)	※Young Researcher (Under40) (Please put a circle)	Remarks
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※The age of the young researcher should be as of April 1, 2023.