

APBMT Scientific Committee Application Form

PHOTOGRAPH

Please print clearly

Last name:	First name:
Qualifications: <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Nursing qualification <input type="checkbox"/> Other specify _____	
Department:	
Institution:	
Address:	
City:	Province / Prefecture:
Postal code:	Country:
Phone:	Fax:
e-mail:	
Specialty:	
Achievement:	

Please list your main achievement on another paper and attach it to this form.

Date: _____

Signature: _____

RECOMMENDATION: I recommend this person highly as a Scientific Committee member of the APBMT.

Date: _____

Signature (A member of Scientific Committee) : _____

Please send the completed form to the following address;

APBMT Secretariat / Data Center (Nagakute Campus)

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Aichi Medical University, School of Medicine
1-1 Yazakokarimata, Nagakute, Aichi, 480-1195, Japan
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