

To: NICT

Date: \_\_\_\_\_

## Contact Information

Name of researcher: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

[For the host organization] -----

Host organization \_\_\_\_\_

Person in charge \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_