

Sponsored Young Investigator Award Application Form

For

The 10th International Conference of the International Mesothelioma Interest Group
(IMIG2010)

Applicant Information

Submitted Abstract No. _____

Name: _____
(First name / Given name) (Middle initial) (Last name / Family name)

Degree(s): _____

Institution/Organization Name: _____

Department/Division: _____

Address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail Address: _____

Applicant Signature: _____ **Date:** _____

Your Supervisor or Department Head

Name: _____
(First name / Given name) (Middle initial) (Last name / Family name)

Degree(s): _____

Institution/Organization Name: _____

Department/Division: _____

Supervisor Signature: _____ **Date:** _____

Please fax or e-mail the signed application to the IMIG2010 Secretariat.

Fax: +81-6-6229-2556

E-mail: imig2010@congre.co.jp