



Visit Request Form

Please fill in the form below and send it back to us as soon as possible:

Direction

Affiliated Institution: Please fill in **Section I** of this form

Non-affiliated Institution: Please fill in **Section II** of this form

Section I (Affiliated Institution)

Name of institution and country:

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Proposed date(s) & time for visit:

Date..... Time.....

**Please specify should you have any time constraints or other commitments on the day of visit.*

Please list the names of your delegation and their position in your university:

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Main purpose of your visit (Please specify the agenda(s) you wish to discuss on this occasion, if applicable):

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Would you like us to organize a campus tour as part of your visit?

Yes No

Do you have any other requests regarding your visit?

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Have any of the delegation members visited Kansai Gaidai before? If yes, when?

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Section II (Non-affiliated Institution)

Name of institution and country:

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Address:

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Website:

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Tel:

.....

Fax:

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Proposed date(s) & time for visit:

Date..... Time.....

**Please specify should you have any time constraints or other commitments on the day of visit.*

Please list the names of your delegation and their position in your university:

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