Participation Intent Form to the 20ISGdR2022

Please fill out this form and send it to isgdr2022@se.kanazawa-u.ac.jp.

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| Name: | First name | Middle name | Family name |
| Title: | Mr. / Ms. / Dr. / Prof. |
| Affiliation: |  |
| Address: |  |
| Phone Number: |  |
| E-mail: |  |
| Participation From: | On-site / On-line |
| Oral Presentation: | Yes / No |
| Submission Document Type | Abstract / Full Paper |
| Participation to Field Trip: | Yes / No |
| Registration Type: | ICGdR Member / Non-Member / Student |
| Accompanying person: | (If YES, please write Name and Registration Type.)ICGdR Member / Non-Member / Student |