

Visit Application Form

○ Basic Information

Country		Institute		Name of Visit Group	
Desired Date		Supporting Organization (Phone Number)			
<input type="checkbox"/> The Purpose of this Visit <input type="checkbox"/> The Issue of Interest <input type="checkbox"/> Questions about the Topic* *If you have questions about the topic, please attach a list of questions in advance.					

○ Visitors Information

No.	Institute(position)	Name	e-mail	Date of Birth	Agree/Disagree
1		Mr./Ms. ...		1900-00-00	agree()/disagree()
2					
3					
4					
5					
6					
7					
8					
9					
10					

☐ **Visit Procedures**

- ① Please arrive at MPM information desk located on the 5th floor of the MPM building at least ten minutes before the start of the visit.
- ② After an MPM official distribute the visitor cards, your group will be escorted to the venue.
- ③ Please be in possession of the visitor card during the visit.

☐ **Agreement to the collection of personal information**

- ① Information to be collected: name, institute, position, e-mail address, date of birth
- ② Purpose: to verify the identity of MPM visit participants
- ③ Retention period: all information will be deleted 5 years after the date of visit.
- ④ If you leave any field blank or disagree on the collection of personal information, you will not be allowed to enter. However, you have a right to disagree.

Thank you for your cooperation.