Please send this application form to:　Nishida

Email: **kia6@kiaweb.or.jp**　FAX: 099-221-6643

Cultural Seminar by Foreign Residents

**Lecturer Application Form**

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| --- | --- |
| **Full Name** |  |
| **Residential Address** | 〒 |
| **Phone**  |  |
| **Mobile** |  |
| **Fax** |  |
| **Email** |  |
| **Preferred Lecture Dates** |  |
| **Proposed Lecture Contents** |  |
| **Remarks / Others** |  |