

[Nature of Visit]

Administrative Year of your visit to KEK(*)	2018 ▾
Primary purpose of visit to KEK(*)	Tsukuba/Others ▾
Details 1(*)	Others, Research Administration Departmen ▾
Details 2(*)	Workshop on Advanced and Superconducting M
In the [Details 2] field please provide further relevant information relating to your visit e.g. Proposal/Experiment No., Conference or Meeting name and/or the name of your contact person or division in KEK.	
Period of Stay(*)	2019 ▾ (year) 01 ▾ (month) 22 ▾ (day) - 2019 ▾ (year) 01 ▾ (month) 24 ▾ (day)
Contact Section within KEK	Cryogenics Science Centre ▾
Contact Person within KEK	Toru Ogitsu
KEK Contact Phone No.	5459 (extension No. if you know)
Please note that for some identified activities, entries in the following fields are not required. In these cases the fields will be inactive.	
During your time at KEK do you intend to enter a Radiation Controlled Area or work with/handle radioactive materials?(*)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
Project Spokesperson Name(*)	Toru Ogitsu
Project Spokesperson Affiliation(*)	Cryogenics Science Center
Project Spokesperson Position(*)	Head
Area to be Accessed(*)	Others ▾ Other(Cryogenics Science Center)