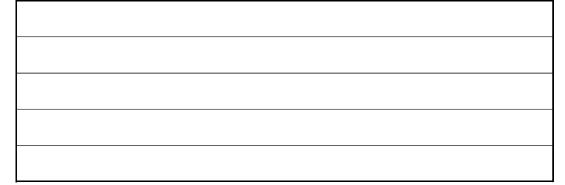
	tion Form for ASSH Traveling Fellow	写真貼付
NAME		
l	Family Name First Name	
SEX	Male Female DATE of BIE	RTH
CURREN	T POSITION	
Degree		
Institution		
Address		
TEL	FAX	
E-mail		

EDUCATION(Above College Level)

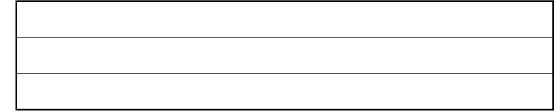
NAME

## EMPLOYMENT

## ACADEMIC APPOINTMENT / MEMBERSHIP of SOCIETY



AWARDS



## RESEARCH PROGRAM / SPECIALTY

