

Submission Date: month/date /year

SUMS EDGE-NEXT / iKODE(FY2017) Registration Form

Since I agree with the PRIVACY POLICY and understand the program, I will register with this form.

Name	
Affiliation (name of organization etc)	
Position/Grade	
Register me for ... (If you want to register both, please check both.)	<input type="checkbox"/> SUMS EDGE-NEXT <input type="checkbox"/> iKODE
Date of Birth, Age	(mm/dd/yyyy, your age)
Phone	
E-mail	@

PRIVACY POLICY

SUMS shall not use Personal Information you have given on this form but for contact to you, registration for SUMS EDGE-NEXT / iKODE program, and announcement of this program. SUMS may use the information for the purpose of analysis on participant property in a report, but shall never publish such information as your name, age, or any that can identify yourself, without any form of your permission.

Submission and Contact:

Masahiro Matsuura, Ph.D.,Special Contract Professor
Research Strategy Promotion Office,Shiga University of Medical Science
Phone: 077-548-2936 E-mail : m18matsu@belle.shiga-med.ac.jp