To the president of the National Center for Child Health and Development

国立研究開発法人　国立成育医療研究センター理事長　殿

Training Request

研修依頼書

■Date 日時: From

 　 To

■Institution where you belongs

Name of the institution 施設名（団体名）:

Address 住所:

Phone number 電話番号:

E-mail address メールアドレス:

■Purpose of training 実習目的:

■Division 研修科:

\* Provide the name of the department in which you will be training.

■Number of trainees 実数者数:

■Names of trainees 実習者氏名:

Date　日付　:

Name (official representative of applying institution)

施設代表者名:

Signature (official representative of applying institution)

施設代表者署名: