**ICMART 2024研究発表助成候補者応募用紙**

**2024 年　　月　　日**

**公益社団法人　全日本鍼灸学会　御中**

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| **研究発表助成応募者** | | | | | | | | | | | | | | | | | | | | | | | |
| **フリガナ** | | |  | | | | **西暦** | | |  | | | | | **年** | |  | **月** | |  | | **日** | |
| **氏名** | |  | | | | | | | | | | | | | | | **年齢** |  | | | **才** | | |
| **所属機関** | | | |  | | | | | | | | | | | | | **職名** |  | | | | | |
| **所在地** | | | | **〒** |  | | | **電話** | **(** | | |  | | | | **)** |  | | **-** |  | | | |
|  |  | | | | | | | | | | **e-mail:** | | | | |  | | | | | | | |
| **自宅住所** | | | | 〒 | | | | | | | **電話**( ) | | | | | | | | | | | | |
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| **助成希望額** | | | | | | **円** | | | | | | | |  | | | | | | | | | |
| **内　訳** | | | | | | 1. **渡航費** | | | | | | | | 円 | | | | | | | | | |
|  | | | | | | 1. **滞在費** | | | | | | | 円 | | | | | | | | | | |
|  | | | | | | 1. **学会参加費** | | | | | | | 円 | | | | | | | | | | |

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| **助成応募者の略歴** | | |
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| **助成応募者の研究業績の概要** | | |
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| **ICMAT 2024での発表論文（発表論文のTitle, Abstractをそのまま英文で記載下さい。）** | | |
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| **発表内容の鍼灸または東洋医学への貢献（どのように貢献出来るか具体的に記載下さい。）** | | |
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| **他の機関からの助成の有無：** | | |
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| **臨床研究の場合は以下に承認機関および承認番号をご記入下さい。** | | |
| **研究機関名：**  **承認番号**　**：** | | |