

To the Director of RIKEN Nishina Center for Accelerator-Based Science:

Date: _____

Personal Information

Name	LAST (Capital)	First	Middle
	(Chinese Letter)		
Japanese Letter			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Month / Date / Year
Nationality			

Information on Your Home Institute

Please list all the institute that you currently have any position. **Please turn over.

Name of Institute	Abbr. (Optional)
Department / Section	
Position / Job Title	
Address:	
Email:	Phone: Ext.
Emergency Contact Person at Your Home Institute	
Name:	Job Title:
Email:	Phone:

Purpose of Registration (Please check one of these)

<input type="checkbox"/> Research Approved by PAC Contacting spokesperson to work for this experiment is your responsibility.
Experiment Program Number:
Spokesperson's Name:
<input type="checkbox"/> Collaborative Research with the Partner Institution
Partner Institution: <input type="checkbox"/> CNS <input type="checkbox"/> KEK <input type="checkbox"/>
Research Theme:
Contact Person of the Partner Institution:
<input type="checkbox"/> Research Approved by the Director of Nishina Center
Development Research Theme:

RIBF Users Office Use Only
 Affidavit

 Photo

 Radiation

 Registration Date: _____ / _____ / _____
Month Date Year

Director	User Liaison Group					
	G.Director	TL		RIBF Users Office		
		Security Export Control & Others	Affidavit Original	Security Export Control Affidavit PDF	Category	Form

Please fill out the following columns, or attach a separate sheet to *list all the institutes* that you currently have any position. If not applicable, please send back a blank list.

Name of Institute	
Country	

Name of Institute	
Country	

Name of Institute	
Country	

Name of Institute	
Country	

Name of Institute	
Country	