The 77th Chugoku Shikoku Regional Meeting of the Physiological Society of Japan

Registration office

E-mail: physiol\_77@ml.med.tottori-u.ac.jp

**Student Certification Form for Registration**

**The 77th Chugoku-Shikoku Regional Meeting of the Physiological Society of Japan**

E-mail Submission Date: / /

※This form is for the **certification of undergraduate, graduate (Master’s/Doctoral), and vocational school students**.

Please complete the certification form below and have it signed by the student’s mentor, research supervisor, or professor. Submit a scanned copy of the completed and signed form via email to the registration office.

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| **Student Information**  *(For undergraduate, graduate [Master’s/Doctoral], and vocational school students)* | |
| **Registration ID** |  |
| **Name** |  |
| **Institution/Department** |  |
| **E-mail address** |  |
| **Supervisor Information**  *(To be completed by the student's mentor, research supervisor, or professor)* | |
| **Name** |  |
| **Institution/Department** |  |
| **Position** |  |
| **Signature** |  |