Application Form for permission to use **IIRC (Ito International Research Center)**

DATE / /	

TO: President of the University of Tokyo

Applicant	
Address	
Phone/ E-mail Address	
Applicant Representative	Mr./Ms.
Department	
Position/Title	
Signature	
Support Person from the University of Tokyo	Mr./Ms.
Faculty	
Position/Title	
Phone/ E-mail Address	
Signature	
Name of the Event	
Purpose of the Event	
Date	/ / : ~ :
Room to be used	B2
A.O.B.	(Request for catering, simultaneous translation etc.)