

Permit Application Form for Use of IIRC (Ito International Research Center)

To:
Executive Vice President, The University of Tokyo

Date of Application:
Year: _____ Month: _____ Day: _____

Applicant Information

Organization Name:
Address:
Phone:
Organization Website (URL):
Representative Name (Signature / Name stamp):

Person Responsible for Use

Affiliation (of On-site Contact Person)
Position:
Phone:
Email:
Name (Signature / Name stamp):

University Referrer

Affiliation:
Position:
Phone:
Email:
Name (Name stamp):

We hereby submit this application for permission to use the Ito International Research Center as a foundational facility for promoting societal collaboration and advancing international exchanges, education, and research activities at the University of Tokyo, with the aim of strengthening the relationship between the university and society further.

Details

Name of Meeting/Event:

Purpose of Use:

(Please check all that apply and provide details)

- ☐ Academic Conference
- ☐ Internal Meeting
- ☐ Public Lecture
- ☐ Ceremony
- ☐ Business Meeting
- ☐ Other (Please specify): _____

Date(s) of Use:

From: _____ Month: _____ Day: _____
To: _____ Month: _____ Day: _____

Room(s) Requested: (Please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Ito Hall (B2F, incl. Foyer) | <input type="checkbox"/> Meeting Room 1 (2F) | <input type="checkbox"/> Conference Room (3F) |
| <input type="checkbox"/> Event Space (B2F) | <input type="checkbox"/> Meeting Room 2 (2F) | <input type="checkbox"/> Seminar Room (3F) |
| <input type="checkbox"/> Gallery 1 (B1F) | <input type="checkbox"/> Faculty Club (2F) | |
| <input type="checkbox"/> Gallery 2 (B1F) | | |

Expected Number of Participants: _____ persons

(Breakdown)

UTokyo Faculty/Staff: _____

UTokyo Students: _____

Alumni: _____

External Researchers/Others: _____

Food and Beverages:

☐ None

(*If food or beverages are being served, please consult the Administration Office in advance.)

For Internal Use (If using university budget for inter-departmental transfer)

Budget Source: (Please check one)

☐ University Management Expense Grant

☐ Commissioned Project Funds

☐ Indirect Costs

☐ Grants-in-Aid for Scientific Research

☐ Donations

☐ Other (Specify): _____

☐ Commissioned Research Funds

Department Code (10 digits):

Department Name:

Budget Item Code:

Account Item Name:

Project Code:

Accounting Contact:

Facility Usage Schedule: (Include date, time, and room name for each session)

Room Name	Date and Time of Use					
	/	/	()	:	~	:
	/	/	()	:	~	:
	/	/	()	:	~	:
	/	/	()	:	~	:
	/	/	()	:	~	:
	/	/	()	:	~	:
	/	/	()	:	~	:
	/	/	()	:	~	:
	/	/	()	:	~	:

Pledge: (Please check)

☐ As external users, we agree to make payment by the due date based on the invoice issued by the designated contractor.

☐ The user agrees to comply with the "Terms of Use - IIRC (Ito International Research Center)"

☐ The facility will not be used for profit-making, promotional, political, or religious activities.

☐ The applicant affirms that neither the organization nor any of its members are affiliated with organized crime groups or other antisocial forces as defined by the Act on Prevention of Unjust Acts by Organized Crime Group Members (Act No. 77 of 1991).

☐ As non-public technical information is expected to be shared and university-affiliated individuals are involved, the necessary export control classification procedures have been completed.

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Administrative Office				
Contact: 03-5841-0779				