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| For office use | Received date: |

# Application Form

# **WCE 2020 JEA-IEAWP Travel Award**

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| To WCE 2020 JEA-IEAWP Travel Award Committee:I am submitting the following documents for consideration of a travel award for the WCE 2020. I certify that all information below and attached is true and accurate.　　　　　 **Applicant’s Signature:　　　　　　　　　　　　　　　　　 　　　　　　Date:**   (month/day/year) |
| **IEA Membership #** |  |
| **Name** | (Last name) 　　 (First name, middle name) | Male▪Female | **Date of Birth**　Month: Day:　　　　　　Year: Age （　　　　） |
| **Nationality** |  | **Email Address** |
| **Present Address** | **〒** | **Tel**　　　　　　　　 |
| **Education**(after high school; chronological order) | Month, Year(entry~completion or expected) | Institution (and department, if applicable) | Location (country, city) | Type of degree (if any) |
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(Note) 1．Your personal data will only be disclosed and used for this selection only.

2．Insert additional rows when necessary.

3. With the exception of ‘Education’, please list all entries in reverse chronological order (most recent first)

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| **Work Experience** (academic and professional positions)   | Month, Year～Month, Year | Description (i.e. position, institution, location, and primary activity)  |
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| **Awards and Honors**  | Month Year | Description |
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| **Other Academic and Professional Activities** | Month, Year | Description |
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| **List of Publications** (peer reviewed, within previous 5 years) |  |
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| **Personal Statement (500 words or less):**Please describe your interests in attending the WCE 2020 and how you hope your attendance might contribute to your professional development.  |

Contact:

JEA-IEAWP Travel Award

Co: Japan Epidemiological Association

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