## "Summer Seminar" at TOYOTA TECHNOLOGICAL INSTITUTE

## Please fill out the following form in English.

Name	Name in English (as in passport)			
	(Family) (Given)		□ Male	
	Name in Chinese character (if any)		□ Female	photo
	(Family) (Given)			
Date of Birth	(MM)(DD)	(YYYY)		
Nationality				
Field of Study (Major)		Academic Ye	ar	
Residential Address	Address:	E-mail:		
	Tel:     E-mail:       No.:     Expiration Date:			
Passport No.	* Please attach a copy of your passport			
Person to be contacted in applicant's home country in case of emergency	Name: Relationship: Address: Tel: E-mail address:			
Japanese Proficiency	Have you learned Japanese before?  Yes Where? Does No How long?			
Food Allergy/Dietary Requirements (If any)	□ Yes □ Allergy ( □ Religious reason ( □ No		)	)
Motivation for attending the seminar				
Please rank your interesting theme	<ul> <li>A. Future Vision for Energy</li> <li>B. Future Vision for the Automobile</li> <li>C. Future Vision for Communications</li> </ul>			