## 20th International Symposium on Laser-Aided Plasma Diagnostics

September 10-14, 2023, Kyoto, Japan

# **Request for visa support**

Personal Data (Your name and date of birth have to be the same as ones written in your passport)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | |  |  | |  | | | [ ] Male  [ ] Female |
| (Surname) | | (Middle Name) | (First Name) | | (Chinese Character if you are Chinese) | | |
| Date of birth |  | |  |  | | Nationality | |  | |
| (Day) | | (Month) | (Year) | |
| Affiliation | |  | | | | |  | | |
| (Chinese Character if possible) | | |
| Department | |  | | | | | | | |
| E-Mail | |  | | | | | | | |
| Position (job title) | |  | | | | | | | |
| Website of your Affiliation | |  | | | | | | | |
| Representative of your group/division | |  | | | | |  | | |
| (E-Mail of Representative ) | | |
| Position of your Representative | |  | | | | | | | |
| \*We send original documents to the address by EMS. | | | | | | | | | |
| Address\* (in affiliation) | |  | | | | | | | |
|  | | | | Country |  | | |
| Telephone number (in affiliation) | |  | | | | FAX number |  | | |
| Cell Phone number | |  | | | |  |  | | |
| City Name where you will apply your visa | | | | |  | | | | |

**Period of business trip in JAPAN**

From (day): dd/mm/yyyy To (day): dd/mm/yyyy Term: days

**Flight schedule**

**(Outward)** Date of arrival (Year/Month/Day):

Departure Airport (place):  Flight Number:

Arrival Airport in JAPAN (place):  Arrival time:

(**Homeward**) Date of departure (Year/Month/Day):

Departure Airport in Japan (place): 　　　　　　　　　　　　　　　　　　Flight Number:

Arrival Airport (place): 　　　　　　　　　　　　　　　　　　　　Arrival time:

**Hotel name in LTPD20:** (if you did not decide yet, you don’t need to write here)

If you have a plan to visit other place(s), or expanding your visit in JAPAN (including NIFS), please tell us (lapd20visa@nifs.ac.jp) details of your schedule (place and date).