Notification of additional research meeting members

Dean of the Institute of Tropical Medicine, Nagasaki University

Day

Month

Year

		Affiliation/position	
	Principal investigator		seal
	We hereby n	otify the addition of the follow	ving member(s).
1.	Research project:		
2.	Reasons for addition:		
3.	Name of affiliation of additional member(s):		
	Affiliation	Position	Name