Notification of alteration to research meeting members

Year Month Day Dean of the Institute of Tropical Medicine, Nagasaki University					
		Name/	position		
	Principal investigator se				seal
	We hereby	notify the alteration of th	ne following research	n meeting men	nbers.
1.	Research project:				
2.	Reasons for alteration:				
3.	Name of institution of affiliation of altered meeting members				
		Affiliation	Position	Nan	ne
	Current				
	Previous				