

Country of Birth		Nationality	
Area of Specialty			
Position or Title			
Organization			
Business Address			
Phone		Fax	
E-mail			
Home Address			
Phone		Fax	
Mobile phone			
E-mail			
Preferred Address	Please indicate which address you want us to use for future correspondence: () work () home		
Japanese skills	Speaking: () Fluent () Good () Fair		
	Writing : () Fluent () Good () Fair		
Education			
Professional Experience			
Publications, works, rewards, etc.			
<p>Recommender/Referee: The person who signs the letter of recommendation</p> <p>Name:</p> <p>Position or Title</p> <p>Organization:</p> <p>Contact address</p>			

2. Motive for Application / 志望動機
日本語で記入してください。(A4判1枚以内)

3. Your Job Status (current tasks and issues concerning Japanese-art-related materials in your work or researches)/ 現職の内容と課題
日本語で記入してください。(A4判1枚以内)

I hereby certify that all the information given above is true.

この申込書の記載事項は事実と相違ありません。

Signature

Date

4. Application Agreement / 申込同意書

Please read the Terms and Conditions. By signing below you certify that you have read and agree to abide by all the Terms and Conditions listed below.

Terms and Conditions:

I am eligible to cover all my expenses during the JAL project except the accommodation expenses for the 13 nights from November 27 to December 10, 2016 and the cost of a round-trip plane ticket* (economy class and the shortest route).

* The upper limit may be set depending on the distance from Japan.

Signature

Date

Name in print

Please send the completed application forms to the following:

JAL Project Executive Committee

Library

The National Museum of Modern Art, Tokyo

3-1 Kitanomaru-koen, Chiyoda-ku, Tokyo 102-8322

Tel: +81-3-3214-2606

Fax: +81-3-3214-2576

E-mail: jal2014plus@momat.go.jp

URL: <http://www.momat.go.jp/am/visit/library/jal2016/>

申込書類の宛先は以下のとおりです。

海外日本美術資料専門家(司書)の招へい・研修・交流事業実行委員会

E-mail: jal2014plus@momat.go.jp

URL: <http://www.momat.go.jp/am/visit/library/jal2016/>

〒102-8322 東京都千代田区北の丸公園3-1

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