Submission Date:

Joint Research / Product Proposal

1. **Organization Representative / Contact Person**

|  |  |  |
| --- | --- | --- |
| Organization Representative | Name of company / research institution |  |
| Department |  |
| Title |  |
| Name of representative |  |
| Office address |  |
| Phone |  | E-mail |  |
| * Contact Person
 | Department of contact person |  |
| Name of contact person |  |
| Office address |  |
| Phone |  | E-mail |  |
| Remarks |
|  |
|  |
|  |

※ Please enter the name of a contact person who may be initially contacted by TEL.

1. **Outline of Research Theme**

|  |  |  |
| --- | --- | --- |
| Outline of Research Theme and Product | Theme |  |
| Outline of research and product |  |
| Patents involved(optional) | **Example:** Patent number: Title of the invention / name of inventor: |
| Published papers involved(optional) |  |
|  |  |