Submission Date:

Joint Research / Product Proposal

1. **Organization Representative / Contact Person**

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

1. **Outline of Research Theme**

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| --- | --- | --- |
| 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) |  |
|  |  |