## **Application Form**

(to be confirmed and sighed by the head of the relevant department / division of the applying organization)

## To the Director of the RIKEN BioResource Research Center (BRC)

| Applicant information                                |                |  |
|--|----------------|--|
| Full Name (as in the passport) Last/Family           | First Middle   |  |
|  |                |  |
| Sex: Male Female                                     | Nationality:   |  |
|  | Trationanty.   |  |
| Date of Birth:                                       | dd / mm / yyyy |  |
| Organization:  |                |  |
|  |                |  |
| Department / Division:                               |                |  |
| Present Position:                                    |                |  |
|  |                |  |
| Address  |                |  |
|  |                |  |
| TEL:   | E-mail:        |  |
|  |                |  |
| Date:  | Signature:     |  |
|  |                |  |
| Experience in handling experimental animals          |                |  |
| Has the applicant experience? : no $\Box$ yes $\Box$ |                |  |
| If yes, specify animal species:                      |                |  |
| Period or duration:                                  |                |  |

Our organization hereby applies for Training course for cryopreservation of mouse sperm and embryos ~ BRC-new-ovulation method and points of improvement in fertilization and birth rates~ provided by RIKEN BioResource Research Center (BRC) and proposes to dispatch the above person to participate in the following Training Course.

## Theme: Training course for cryopreservation of mouse sperm and embryos

 $\sim$  BRC-new-ovulation method and points of improvement in fertilization and birth rates $\sim$ 

Place: BioResource main building, RIKEN Tsukuba Branch Dates: From September 30 to October 2, 2024 3 consecutive days

| Responsible person     |          |            |      |         |
|------------------------|----------|------------|------|---------|
| Name:                  |          |            |      |         |
|                        |          |            |      |         |
| Designation / Position |          |            |      |         |
|                        |          |            |      |         |
| Department / Division  |          |            |      |         |
|                        |          |            |      |         |
| Office Address and     | Address: |            |      |         |
| Contact Information    |          |            |      |         |
|                        | TEL:     |            | FAX: | E-mail: |
|                        |          |            |      |         |
|                        |          |            |      |         |
| Date:                  |          | Signature: |      |         |
|                        |          |            |      |         |

Agreement: As a trainee at RIKEN, the applicant hereby agrees to abide by the following provisions.

1. All rights concerning research results (including tangible research materials) produced or obtained in the process of the training course shall, in principle, belong to RIKEN.

| 2. | The trainee must not disclose information obtained or acquired in the process of the training course at RIKEN (except for handouts |
|----|--|
|    | and explanatory information).  |

3 RIKEN shall not be held liable for any injury or damage that the trainee suffers or that the trainee causes a third party during the training course without any fault attribute to RIKEN. When the trainee has caused damage to RIKEN either intentionally or by gross negligence, compensation for the total or partial cost of the damage may be imposed on the applying organization.