

SICE Young Authors Awards Application Form

(Date _____)

Presenter's Name		Institution Address Tel E-mail	
Date of Birth	(age)		
Membership No.			
Paper Title			
Paper No.			
Conference Name			
Presentation Date			
Abstract of presentation (<input type="checkbox"/> Measurement, <input type="checkbox"/> Control, <input type="checkbox"/> Control Application, <input type="checkbox"/> System/Information, <input type="checkbox"/> Others ())			
Reasons of Recommendation			
Name of Nominator		Institution Address Tel E-mail	
Signature			
Relationship with Presenter			
Choice of Categories	<input type="checkbox"/> Award for Basic Research (under 30 years of age)	<input type="checkbox"/> Award for Practical Application (under 35 years of age)	

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