**JSH Travel Award for the EHA2025 Congress** **Application 【Form 1】**

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| --- | --- |
| Name |  |
| Birth Date (month/day/year) |  |
| Credentials  (e.g. M.D., PhD,) |  |
| Post | Graduate student / Resident / Postdoc / Faculty (　) |
| Affiliation |  |
| Department |  |
| Affiliation Address |  |
| Email Address |  |
| Specialty | Basic / Clinical |
| Biography (Education) | |
| （Year） |  |
| Biography (Academic appointments) | |
| （Year） |  |