New	Renewal	Revision
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		3. T	
Accer	otance	No	

To the director of Sugadaira Montane Research Center:

(Both the research plan and the consent form require renewal in April each year until the project is complete.)

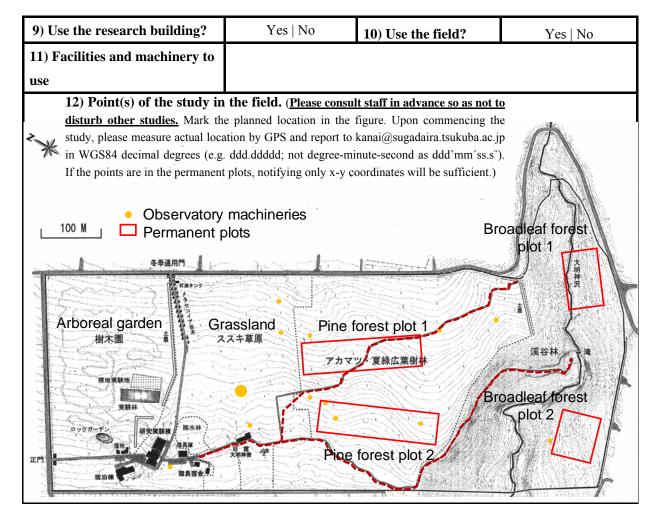
Research Plan

(Any change in the plan will require submission of revised plan.)

((1), (2), (4) and (5) will appear on our website. Please consult about any inconvenience.)

Date of submission

Name of Representative	Affiliation	Contact		
		TEL: FAX: E-mail:		
1) Name of research group (Number of members)	(If the group has other members than the representatives please attach member li st (free form).)			
2) Research title				
3) Objectives				
4) Period		<u></u>		
5) Abstract (The points of the research should be specified in the next page.)	·	chat changes the field, such as experimental manipulation, or setting structures or equipment, document those in		
6) Other Notes				
7) Utilization of Data	(If you require any data held by Sugadaira Montane Research Center, please request it here.)			
8) Name of the counterpart i	n the center			



Consent Form for Research

For utilizing Sugadaira Montane Research Center for my/our research, I/we agree to the following terms.

- 1. I/we agree to enter into a cooperative agreement with the center, wherein I/we may be asked to share data obtained at the center. Provided my/our research priorities are not significantly violated by this cooperation, I/we will share my/our data freely.
- 2. I/We will remove any equipment or structures I/we set in the field upon the completion of my/our research, or I/we will apply for renewal of the research plan.
- If the center supports my/our research by any way or if I/we utilize any data or other products of the
 center for my/our research, I/we will clearly state or acknowledge it in presentations or publications of
 the research output.
- 4. Every time I/we publish results of research in which I/we utilized the center, I/we will report it to the center.
- 5. If any data that the center provides make main contribution for my/our research, I/we will consult with the center for the co-authorship.

Date	Signature	