

JSST 2015 Organized Session Proposal

(Please send the filled form to “jsst2015@jsst.jp”.)

Received date: / /2015

Session title	
Name of the organizer	
Contact information of the organizer	Institute: Address: E-mail:
Name of the co-organizer (if any)	
Contact information of the co-organizer	Institute: Address: E-mail:
Reviewer (1)	Name: Institute: E-mail:
Reviewer (2)	Name: Institute: E-mail:
Reviewer (3)	Name: Institute: E-mail:
Reviewer (4) (if any)	Name: Institute: E-mail:
Reviewer (5) (if any)	Name: Institute: E-mail:
Target audience	
Objectives of the session	

* You can download this form from the JSST 2015 Homepage:

<http://jsst2015.jsst.jp/>