## Application Form for Use of Mailing List Service [New Application]

To Director of Center for Multimedia and Information Technologies of Kumamoto University I hereby apply for use of mailing list services.

	Name		Job title	Extende	d number
Applicant	Affiliation	(Faculty) (Department/ Course)			
Αp	E-mail				
Payer	Name		Job title	Extende	d number
	Affiliation	(Faculty) (Department/ Course)			
		*Check items below if you are specialized in natural sciences or medical and pharmaceutical sciences.  • Natural sciences (□Engineering □Science □Graduate school)  • Medical and pharmaceutical sciences (□Medicine □Pharmacy □University Hospital)			
P					
	E-mail				
Collective name of mailing list					
Mailing list (1)	Application				
	Mailing list name				
	Subject	Prefix letters	□Unnecessary □Necessary (Prefix letters: )		
		Sequence number	□Unnecessary □Necessary		
	Limit	Posting	☐ Unnecessary ☐ Necessary (☐ Registered members only		
			□Campus e-mail address only)		
		Attachment files	□Unnecessary □Necessary (Automatic deletion)		
	Manager	Name/Job title	/		
		Contact info. (Extended	/		
		number/ Mail)			
Additional information for configuration			☐ No ☐ Yes * If you have additional information, see "Notes" below.		
- (N-4)					
[Notes]  1. Mailing list name will be 「" mailing list name" -xxx」. Subdomain of each organization will be applied to 「xxx」					
2. If you have mailing lists to be added, be sure to complete additional application form.					
3. See our web site for instructions on completing application form. http://www.cc.kumamoto-u.ac.jp					
$\rightarrow$ [Service] $\rightarrow$ [Application procedures for using services] $\rightarrow$ [Application forms]					

 $4. \quad \hbox{Contact us if registered contents are changed}.$