Date: \*\*, \*\*\*\*, 202\*

To: ECHONET Consortium Secretariat

E-mail: info@echonet.jp

Academic member withdrawal notice

We withdraw from the ECHONET Consortium.

|  |  |
| --- | --- |
| Official name |  |
| Name of faculty, department and laboratory |  |
| Representativename |  |

Effective date: \*\*, \*\*\*\*, 202\*

Reason for withdrawal

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Comments

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