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

To: ECHONET Consortium Secretariat

E-mail: info@echonet.jp

Notification of change in academic member information

|  |  |
| --- | --- |
| Official name |  |
| Contac person name |  |
| E-mail |  |

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

Please fill in the information you want to change.

[Official name, other information]

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

[Representative]

|  |  |
| --- | --- |
| Title |  |
| Name |  |

[Contact person]

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Address |  |
| Zip code, Country |  |
| Telephone number |  |
| E-mail |  |

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Comments

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[Notes]

1. Please fill in only the changed parts.

**Contact**

ECHONET Consortium Secretariat

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E-mail: info@echonet.jp