

APPLICATION FORM –ACKF2019

Date:

Team Name:

Name of Application:

Name of University:

Names of Team Member (Up to 5 people):

(The name of team leader should be written first.)

About Application:

(1) What problem do you find?

(2) How do you resolve the problem?

(3) How the application improves the life, society and regional activation?

(4) Please check if the following are included: (change  to  if included)

Paper presentation in English (Microsoft PowerPoint or PDF file)

Video presentation in English (up to five (5) minutes, uploaded to YOUTUBE)

For detail, refer to the contest guideline.

Remarks:

Application Form (Microsoft WORD) should be filled in English and sent in (Microsoft WORD or text) form by e-mail to [apply-ackf@kddi-foundation.or.jp](mailto:apply-ackf@kddi-foundation.or.jp).

END of APPLICATION FORM