Notification of change / cancelation of event

 (TICAD9 Thematic Event)

Name of organization

Responsible person

This is to notify that the event approved as a TICAD 9 Thematic Event has been changed / canceled due to reasons below.

|  |  |
| --- | --- |
| Name of the eventDD/MM/YYYY |  |
| Explanation and reason of changes / cancelation  |  |
| Contacts | Name：Organization：Address：Tel：E-MAIL： |