Report of an event approved as TICAD 9 Thematic Event

Name of organization

Responsible person

|  |  |
| --- | --- |
| Name |  |
| date | day month year |
| venue |  |
| Outline（within 100 words） |  |
| Detailed explanation of the event |  |
| Number of participants | persons |
| Results |  |

* Please attach photos, scripts or any other documents which describe how the event was organized.