## Brief report of the program

Year

				Subr				g e-mail address. sec@pfiqst.kek.jp
Name			Af	filiation				
Proposal No.		Program t	itle					
<ul> <li>(Please check the applicable section.)</li> <li>1. □ Beamtime was not allocated to the program. → 6.</li> <li>2. □ I did not apply for beamtime. → 5. &amp; 6.</li> <li>3. □ Beamtime was allocated to the program. → 4., 5. &amp; 6.</li> </ul>								
4. Beamtime:	: yearmonth	~ year	r	_month		hrs.	Station (s)	BL-
	to the Photon Factor		ns wh	y any artic	le cannot b	e submitte	ed to PF Ac	etivity Report.)
o. Comments	to the Photon Factor	y.						

/Day

/Month