## Brief report of the program

				Year		/Month		/Day
				Subr	nit this			g e-mail address. ice@pfiqst.kek.jp
Name			Af	filiation				
Proposal No.		Program tit	le					
<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>								
	: yearmonth					hrs.	Station (s)	BL-
	ne program (Please in		s wh	y any articl	e canno	ot be submitte	ed to PF Ac	ctivity Report.)
6. Comments	to the Photon Factor	y.						