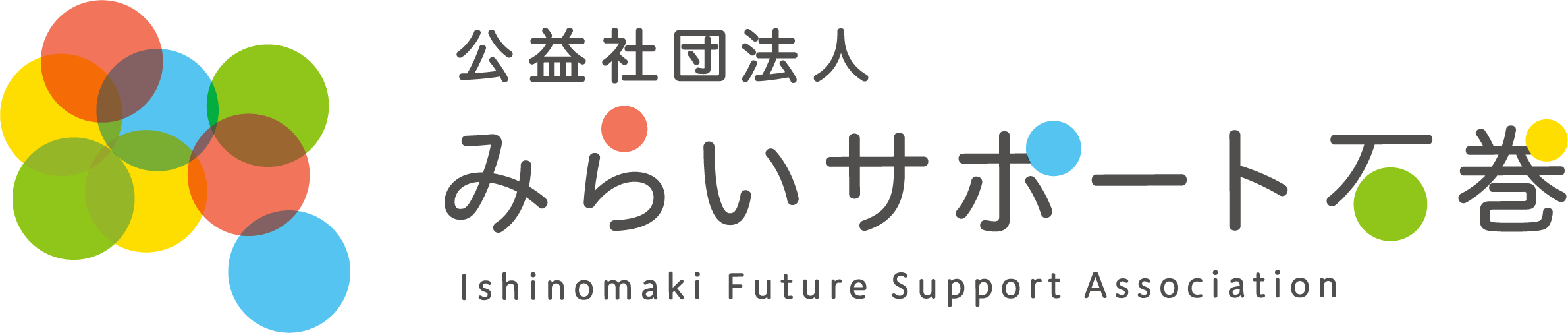
Application date (yyyy/mm/dd):



<TEL:0225-98-3691>　FAX:0225-98-3692

Email:info@ishinomaki-support.com

**Application for Program Participation**

Please fill in relevant areas（※ **EITHER** participant section **OR** travel agent section）

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| （※）Participant Section |  | |  | | | |  | |  | | |
| **Group Name** | |  | | | | **Rep Name** | |  | | |
| **Address** | | 〒　　　　－ | | | | | | | | |
| **TEL** | | -　　　　　　- | | **Mobile No. for contact on day** | | -　　　　　　- | | | | |
| **E-mail** | |  | | | | | | | | |
| （※）Travel Agent Section | **ふりがな** | |  | | | | **ふりがな** | |  | | |
| **Company Name** | |  | | | | **Contact Name** | |  | | |
| **Address** | | 〒　　　　－ | | | | | | | | |
| **TEL** | | -　　　　　　- | | **FAX** | | -　　　　　　- | | | | |
| **E-mail** | |  | | | | | | | | |
| **Participating Group name** | |  | | | **Name & mobile phone of person in charge on day** | | -　　　　　　- | | | |
| Program details | **Requested Date/Time** | | (yyyy/mm/dd）：  ：　　　　　　～　　　　　　： | | | | **No. of People** | | adults：  students：  children：  infants： | | |
| **Transport** | | bus (L) ／ bus (M) ／ car (　　　　vehicles) other（　　　　　　　　　　　　　　　　　　　） | | **Other schedule** | | e.g. (before) 9:00 dep. Sendai hotel (after) arr. Sendai 14:00  （before） （after） | | | | |
| **Requested Program** | | □　① Speech on firsthand experience of the disaster（indoor speech, 60 mins） □　② Bus/car tour（talk while moving around in vehicle, 60 mins）  □　③ Walking tour（walk while using a tablet, 90 mins）⇒　No. of tablets required (up to 5)　　　　　　 □　④ 3.11 tsunami walking tour（※ for schools only, 100 mins） □　⑤ Tsunami talk（speech given at venue of choice、60～90 mins）Venue： | | | | | | | | |
| **Payment** | | □ bank transfer (before)　　□ bank transfer (after)　　□ cash on day　（receipt made out to:）  　※ Please note that owing to travel costs etc. program 5 must be bank transfer (after) | | | | | | | | |
| **Enquiries etc.** | | ※ Please write any other questions or points here | | | | | | | | |
| Questionnaire | ・How did you hear about our organization? | | | □ Used before　　□ Your web site　　□ Word of mouth 　□ From another group（　　　　　　　　　　　）　　□ Other（　　　　　　　　　　） | | | | | | | |
| ・What made you choose our program? | | | □ It fitted our group size 　□ It fitted our schedule 　□ Good variety of programs 　□ No alternatives 　□ Other（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | |
| *※事務処理欄* | | □*日程調整（　　　　　　）*□*可否連絡（　　　　　　）*□*カレンダー入力*□*管理表入力*  □*請求書送付（　　　／　　　）*□*振込確認（　　　／　　　）*□*領収書発行（　　　／　　　）* | | | | | | | | *金額合計*  *¥* |