



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	Company Name	ふりがな		Contact Name	ふりがな
	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	<input type="checkbox"/> ① Speech on firsthand experience of the disaster (indoor speech, 60 mins) <input type="checkbox"/> ② Bus/car tour (talk while moving around in vehicle, 60 mins) <input type="checkbox"/> ③ Walking tour (walk while using a tablet, 90 mins) ⇒ No. of tablets required (up to 5) _____ <input type="checkbox"/> ④ 3.11 tsunami walking tour (※ for schools only, 100 mins) <input type="checkbox"/> ⑤ Tsunami talk (speech given at venue of choice, 60~90 mins) Venue : _____			
	Payment	<input type="checkbox"/> bank transfer (before) <input type="checkbox"/> bank transfer (after) <input type="checkbox"/> 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?	<input type="checkbox"/> Used before <input type="checkbox"/> Your web site <input type="checkbox"/> Word of mouth <input type="checkbox"/> From another group () <input type="checkbox"/> Other ()			
	What made you choose our program?	<input type="checkbox"/> It fitted our group size <input type="checkbox"/> It fitted our schedule <input type="checkbox"/> Good variety of programs <input type="checkbox"/> No alternatives <input type="checkbox"/> Other ()			
※事務処理欄	<input type="checkbox"/> 日程調整 () <input type="checkbox"/> 可否連絡 () <input type="checkbox"/> カレンダー入力 <input type="checkbox"/> 管理表入力 <input type="checkbox"/> 請求書送付 (/) <input type="checkbox"/> 振込確認 (/) <input type="checkbox"/> 領収書発行 (/)			金額合計	¥