HOSPEX Japan 2009

-The 34th International Healthcare Engineering Exhibition-

APPLICATION FORM FOR SPACE

November 11(Wed.) ~13(Fri.), 2009

Venue Tokyo Big Sight

Signature





	andard booth(s) \times JPY367,500 = $\underline{\text{Y}}$				
(Approx.9.	9.0sq.m., 2.97m×2.97m×2.7m)				
•	Package booth(s) × JPY504,000 = ¥				
(Approx.9.	.0sq.m., 2.97m×2.9	•			
•		*A 5% consumption tax i	s included in above cos		
3. The following utilities Please indicate if you		ughout the exhibition hall.			
\square Water supply	and drainage	☐ Gas supply			
These documents will be s Above-mentioned equipme	ent to you after receipt of the ent (water supply and gas) w	ocuments if you are in need of electricity, application form. ill be at the exhibitor's expense. Out any abbreviation. (Pleas			
Company / Organization (会社/団体名)		,	· ·		
Name of applicant (出展申込担当者)	☐ Mr. ☐ Ms.	Position (所属·役職)			
Address (住所)					
Zip / Postal code (郵便番号)		Country			
Phone		FAX			
URL		e-mail			
	Company / Organization:				
In case a third party	1				
makes the payment, please	Phone: FAX:				
provide details of the payer.	Name of applicant: Mr. Ms				
	e-mail:				
	l Regulations describe	ed on the reverse side of this fo	rm. We will pay the		

Date

Please mark the box corresponding to the exhibition zone of your choice **(choose one only).**Your booth will be positioned in the zone you have marked. When there is no choice marked, or if you mark 2 or more, the Secretariat will determine the proper exhibition zone depending on the category of the exhibits.

	Check	Exhibit Zone				
		Construction, Equipment and Engineering				
	☐ Medical Equipment					
	Healthcare/Welfare Support Equipment and Related Devices					
	☐ Medical & Welfare Information Systems					
		Medical Related Services				
Place	list the n	roducts that you will exhibit (up to 5 items).(出展予定製品をご記入ください。)				
lease	1.	Toducts that you will exhibit (up to 3 items). (出版) 定義品をこ記入へたさい。)				
	2.					
	3. 4.					
	-					
Do you	5. have a b	eranch in Japan / a Japanese agent?				
Company 会社名)	have a b	oranch in Japan / a Japanese agent?				
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ompany 社名) ddress: E所) oint of co a絡担当者·设 hone:	have a b name: ontact (Namo 車絡先住所)	e / Title): Mr. Ms. FAX: Payment should be made as follows:				
ompany 社名) ddress: E所) oint of co a絡担当者·设 hone:	have a b name: ontact (Namo 車絡先住所)	Payment should be made as follows: Payment due: August 21, 2009				
Company 会社名) Address: 主所)	have a b name: ontact (Namo 車絡先住所)	e / Title): Mr. Ms. FAX: Payment should be made as follows:				

HOSPEX Japan Secretariat

c/o Convention Division Japan Management Association (JMA) 3-1-22, Shiba-koen, Minato-ku, Tokyo 105-8522, Japan Phone:+81-3-3434-1988 Fax:+81-3-3434-8076 E-mail:hospex@convention.jma.or.jp

For Secretariat use only.

	受 付	PM	GM	申込受付番号	請求書発行日	備考
事務局記入欄						

Booth ID.	Invoice NO.