

### Person in Charge at the Booth

No.1
Deadline August 31 2012

To: JIAM Desk

Please type or write in block letters.	Date:	
Exhibitor name:		•
Section:	Booth No.	
Contact: Mr./Ms./Other Tel.: (country)	ry code + ) Fax:	
Address:	E-mail:	
	Country:	

	Name	Dept & Title
Sept.16 (Sun.) ∼ Sept.23 (Sun.)		
Sept.16 (Sun.) (Moving-in)		
Sept.17 (Mon.) (Moving-in)		
Sept.18 (Tue.) (Moving-in)		
Sept.19 (Wed.) (Show day)		
Sept.20(Thur.) (Show day)		
Sept. 21 (Fri.) (Show day)		
Sept.22 (Sat.) (Show day / Moving-out)		
Sept.23 (Sun.) (Moving-out)		

Note: If the same person is in charge for the duration of the show, only the first blank needs to be filled in.

Send to:	JIAM Desk: Osaka International Trade Fair Commission 1-5-102, Nanko-kita, Suminoe-ku, Osaka 559-0034, Japan	
	TEL: +81-6-6612-1666 Fax: +81-6-6612-8585 E-mail: jiam2012@fair.or.jp	



# **Application for Exhibitor /Booth Contractor Pass**

No.2
Deadline
August 24 2012

lease type or write in block letters.		Date:
Exhibitor name:		
Section:		Booth No.
Contact: Mr./Ms./Other	Tel.: (country code +	) Fax:
Address:		E-mail:
		Country:
Exhibitor Passes		
Number of booths		
	booth(s) × 3 passes =	passe
		+
		Additional passes required
If you need additional pa numbers you wish to hav		passe
Total number of passes r	required	passe
■ Booth Contractor Passes		
Number of passes requir	red	passe
K Holders for passes are available at	the hall office.	
Please fill in the blanks belows it	f the mailing address differs f	rom the exhibitors'.
Company name:		
Section:	Contact Mr.	/Ms./Other
Address:		
Tel.:	Fax:	

JIAM Desk: Osaka International Trade Fair Commission

Send to: 1-5-102, Nanko-kita, Suminoe-ku, Osaka 559-0034, Japan

TEL: +81-6-6612-1666 Fax: +81-6-6612-8585 E-mail: jiam2012@fair.or.jp



☐ Invitation Tickets (Japanese)

☐ Envelope

□ Poster

☐ Invitation Tickets (English · Chinese)

### **Application for Invitation Tickets**

No.3	
Deadline August 24 2012	

Please type or write in block letters.		Date:
Exhibitor name:	5 " "	
Section:	Booth No.	
Contact: Mr./Ms./Other Tel.: (country code +	) Fax:	
Address:	E-mail:	
	Country:	

pieces

\_pieces

pieces

\_pieces

### Note:

Send to:

• Application will not be accepted from co-exhibitors. Primary exhibitors shall apply for co-exhibitors.

JIAM Desk: Osaka International Trade Fair Commission 1-5-102, Nanko-kita, Suminoe-ku, Osaka 559-0034, Japan TEL: +81-6-6612-1666 Fax: +81-6-6612-8585 E-mail: jiam2012@fair.or.jp



Send to:

# Notification of Moving-in/Moving-out Schedule

No.4

Deadline
August 24
2012

To: JIAM Desk Please type or write in block letters. Date: Exhibitor name: Booth No. Section: Contact: Mr./Ms./Other Tel.: (country code + Fax: Address: E-mail: Country: Date & Time Purpose (circle) Type of vehicles Size of vehicles No. of vehicles Decoration · Exhibits Sept. Decoration · Exhibits Decoration · Exhibits Sept. Decoration · Exhibits Sept. Decoration · Exhibits Sept. Decoration · Exhibits hrs. Sept. Decoration · Exhibits Sept. Decoration · Exhibits By exhibitor ☐ By following forwarder Both Forwarder's name: Contact Mr./Ms./Other: Address: Forwarder Tel.: Fax: □ By exhibitor ☐ By following contractor Both Contractor's name: Contact Mr./Ms./Other: Decoration Address: contractor Tel.: Fax:



### **Notification of Bonded Exhibits**

No.5
Deadline August 3
2012

To: JIAM Desk Please type or write in block letters. Date: Exhibitor name: Booth No. Section: Fax: Contact: Mr./Ms./Other Tel.: (country code + Address: E-mail: Country: ☐ There will be NO bonded exhibits. Tick the appropriate box below, excluding CARNET clearance. ☐ There will be bonded exhibits.  $\hfill \Box$  There will be bonded items used for booth fittings and decoration. ■ Please describe the bonded exhibition items in the following columns for approval: Name of the manu-Size (cm) Weight Invoice value Country of Quantity Bonded exhibition item facturer or dealer  $(W \times D \times H)$ (CIF Osaka) production (kg) Transportation contractor Company name: Section: Contact Mr./Ms./Other Address: Tel.: Fax:

JIAM Desk: Osaka International Trade Fair Commission
Send to: 1-5-102, Nanko-kita, Suminoe-ku, Osaka 559-0034, Japan
TEL: +81-6-6612-1666 Fax: +81-6-6612-8585 E-mail: jiam2012@fair.or.jp



### **Notification of Booth Decoration**

No.6

Deadline
August 24
2012

To: JIAM Des	sk			
Please type or wri	te in block letters.			Date:
Exhibitor name:				
Section:			Booth No.	
Contact: Mr./Ms./O	ther	Tel.: (country code +	) Fax:	
Address:			E-mail:	
			Country:	
	ust observe all rules and re e.	pooth decoration contractor, egulations, and is responsible		
	I by the exhibitor I by the following contractor		ation package	
Contractor				
Contractor name				
Address	Tel.:	Fax:		
Representative name				
Contact name	Tel.:	Fax:		
Period of decora	ation work			
Required period of	Starting from:Sentembe	er Einiche	d by:Sentemb	oor

• Please note that the dates might be adjusted due to overall coordination.

	JIAM Desk: Osaka International Trade Fair Commission
Send to:	1-5-102, Nanko-kita, Suminoe-ku, Osaka 559-0034, Japan
	TEL: +81-6-6612-1666 Fax: +81-6-6612-8585 E-mail: jiam2012@fair.or.jp
	·



### **Notification of Floor Construction**

No.7
Deadline August 24 2012

To: JIAM Desk

i lease type of will	te in block letters.				Date:
Exhibitor name:					
Section:				Booth No	
Contact: Mr./Ms./O	ther	Tel.: (country cod	de +	) Fax:	
Address:				E-mail:	
				Country:	
		loor construction plan a			
☐ We will conduct	t floor construction a	as follows:			
☐ We will not con	duct floor constructi	on.			
Required period of construction	Starting from:	September	Fini	shed by: S	eptember
	A	(D:	•	/D	
Floor	Anchor bolts	(Diameter:	mm )	(Depth:	mm )
construction plan		(Number of points:	1		,
construction plan		(Number of points:	)		,
Constructor name		(Number of points:	)		,
	Tel.:	(Number of points:	) Fax:		,
Constructor name	Tel.:	(Number of points:			

Note:

Please attach a copy of the work design drawings, booth floor plan and a cross section view, to this notification.

	JIAM Desk: Osaka International Trade Fair Commission
Send to:	1-5-102, Nanko-kita, Suminoe-ku, Osaka 559-0034, Japan
	TEL: +81-6-6612-1666 Fax: +81-6-6612-8585 E-mail: jiam2012@fair.or.jp



# **Application for Use of Fire and Dangerous Materials**

No.8
Deadline August 3
2012

Please type or write in block let	tters.				Date:	
Exhibitor name:				<u> </u>		
				Boo	oth No.	
Section:						
Contact: Mr./Ms./Other	Te	el.: (country code +	)	Fax	<del>.</del>	
Address:				E-m	nail:	<u> </u>
				Соι	untry:	
<ul><li>☐ We will use Fire and/or Dan</li><li>☐ We will not use Fire or Dang</li><li>(1) Open fire (an electric heate</li></ul>	gerous Materials.					
Type of open fire	Quantity		Pu	rpose		
Note: Attach the specification (2) Oil	ons, catalogue and	booth drawing.				
Classification	First oil	Second oil (Kerosene,	Third (		Fourth oil	Animal and vegetable oil
		rkerosene	Lubricatir	g on,	(Turbine oil,	(Salad oil,
Item	(Acetone, gasoline)	treated oil)	crude petro		cylinder oil)	cooking oil)
ltem					cylinder oil) $\ell$ /day	
Item	gasoline)	treated oil)	crude petro	leum)	-	ℓ/day
ltem	gasoline) ℓ/day	treated oil) ℓ/day	crude petro	leum) ℓ/day	₽/day	cooking oil) $\ell$ /day $\ell$ /day
	gasoline)  \$\mathcal{L}\rightarrow{\partial}{day}\$	treated oil)  ### day  ###################################	crude petro	lleum) ℓ/day ℓ/day	ℓ/day ℓ/day	ℓ/day
	gasoline)  \$\mathcal{L}\rightarrow{\partial}{day}\$  \$\mathcal{L}\rightarrow{\partial}{day}\$	treated oil)  ### day  ###################################	crude petro	lleum) ℓ/day ℓ/day	ℓ/day ℓ/day	ℓ/day ℓ/day
(3) Gas	gasoline)  \$\mathcal{L}\rightarrow{\partial}{day}\$  \$\mathcal{L}\rightarrow{\partial}{day}\$	treated oil)  ℓ/day  ℓ/day  ℓ/day	crude petro	lleum) ℓ/day ℓ/day	ℓ/day ℓ/day ℓ/day	ℓ/day ℓ/day
(3) Gas  Item  High-pressure gas /Liquefied gas  Note: Attach the specificatio	gasoline)  \$\mathcal{L}\rangle\text{day}\$  \$\mathcal{L}\rangle\text{day}\$  \$\mathcal{L}\rangle\text{day}\$  Estimat	treated oil)  ### Line #### Line ####################################	crude petro	lleum) ℓ/day ℓ/day	ℓ/day ℓ/day ℓ/day	ℓ/day ℓ/day
(3) Gas  Item  High-pressure gas /Liquefied gas  Note: Attach the specificatio	gasoline)  \$\mathcal{L}\rangle\text{day}\$  \$\mathcal{L}\rangle\text{day}\$  \$\mathcal{L}\rangle\text{day}\$  Estimat	treated oil)  ### ### #### #######################	crude petro	lleum) ℓ/day ℓ/day	ℓ/day ℓ/day ℓ/day Purpose	ℓ/day ℓ/day
(3) Gas  Item  High-pressure gas /Liquefied gas  Note: Attach the specificatio (4) Others	gasoline)  \$\mathcal{L}\rangle \text{day} \\ \mathcal{L}\rangle \text{day} \\  \$\mathcal{L}\rangle \text{day} \\  Estimate  ns, catalogue and the second control of the second c	treated oil)  #/day  #/day  #/day  ed consumption  pooth drawing.	on kg	lleum) ℓ/day ℓ/day	ℓ/day ℓ/day Purpose	ℓ/day ℓ/day

TEL: +81-6-6612-1666 Fax: +81-6-6612-8585 E-mail: jiam2012@fair.or.jp



### **Application for Electricity**

No.9

Deadline
August 3
2012

Pleas	e type or write in b	olock letters.			Date:		
Exhib	oitor name:						
<u> </u>					Booth No.		
Secti	on:						
Conta	act: Mr./Ms./Other		Tel.: (country code +	- )	Fax:		
Addre	ess:			4.000	E-mail:		
					Country:		
All the	electrical work wi	Il be prepared ba	sed on this application	form. No at	oplications will be accer	oted after	
	adline.	, ,			,		
☐ We	are applying for p	ower supply as fo	ollows:				
	are not applying f	5					
		<u>-</u>					
	Single ph		Single phase 20		Three phase 200V		
	Capacity (kW) × No	umber   Sub Total (kW)	Capacity (kW) × Number	Sub Total (kW)	Capacity (kW) × Number	Sub Total (kW	
<u>D</u>	X		X		X		
For lighting	×		×		X		
_ :	X		×		×		
<u>&gt;</u>	X		X		X		
For	X		X		X		
For machinery	×		X		X		
<u> </u>	×		X		X		
	Sub total	kW ①	Sub total	kW ②	Sub total	kW ③	
To	tal ① + ② + ③ =	=		k	W		
(Fo	or the total (kW), rou	ınd to the nearest i	nteger, cf. 16.23kW = 17k	W)			
	necessary capacit	v for fluorescent	lamps and high-voltage	mercury la	mns must be calculated	d at 150%	
• The ı		, 101 114010001111	ampo ana mgm voltago	moroury id	impo maoi de daldalate	a at 150 70	
	e rated capacity.						
	e rated capacity.						
	e rated capacity.						
	e rated capacity.	Single phase 100	OV Capacity	kW×	Number =	kW ④	
		Single phase 100		kW× kW×	Number =	kW 4	
of the	ur		Capacity				
of the	ur	Single phase 200	Capacity Capacity	kW×	Number =	kW ⑤	

Send to:	JIAM Desk: Osaka International Trade Fair Commission 1-5-102, Nanko-kita, Suminoe-ku, Osaka 559-0034, Japan TEL: +81-6-6612-1666 Fax: +81-6-6612-8585 E-mail: jiam2012@fair.or.jp	
For questions or further information:	Mr. Oda / Mr. Miyasaka / Mr. Tagashira, <b>Iida Denki Kogyo Co., Ltd.</b> Awaza Park Building, 1-9-9, Awaza, Nishi-ku, Osaka 550-0011, Japan TEL: +81-6-6543-2880 Fax: +81-6-6543-2884	



### **Application for the Electrical Work**

No.10 **Deadline** August 3

To: ເ	IJÆ	١M	Des	k
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Single phase (For lighting) Total kW  100V (For machine) Total kW	ease type or write in	n block letters.				Date:
Contact: Mr./Ms./Other  Tel.: (country code + ) Fax:  Address:  E-mail:  Country:  Please indicate the name and the address of the electrical work contractor for your booth.  Contractor name:  Address:  Tel.:  Fax:  Contact Mr./Ms./Other  Necessary capacity  Single phase (For lighting)  Total  kW  100V (For machine)  Total  KW	xhibitor name:					
Address:  Please indicate the name and the address of the electrical work contractor for your booth.  Contractor name:  License No.  Address:  Tel.:  Fax:  Contact Mr./Ms./Other  Necessary capacity  Single phase (For lighting)  Total  KW  100V (For machine)  Total  KW	ection:				Booth No.	
Address:  Please indicate the name and the address of the electrical work contractor for your booth.  Contractor name:  License No.  Address:  Tel.:  Fax:  Contact Mr./Ms./Other  Necessary capacity  Single phase (For lighting)  Total  kW  100V (For machine)  Total  kW	ontact: Mr /Ms /Other	·	Tel : (co	untry codo ±	) Fav	
Country:  Please indicate the name and the address of the electrical work contractor for your booth.  Contractor name:  Address:  Tel.:  Contact Mr./Ms./Other  Necessary capacity  Single phase (For lighting)  Total  KW  100V (For machine)  Total  KW	Ontact: Wil./Wis./Other		101 (66	unity code +	) Tax.	
Please indicate the name and the address of the electrical work contractor for your booth.  Contractor name:  License No.  Address:  Tel.:  Contact Mr./Ms./Other  Necessary capacity  Single phase (For lighting)  Total  kW  100V (For machine)  Total  kW	ddress:				E-mail:	
Contractor name:  Address:  Tel.:  Contact Mr./Ms./Other  Necessary capacity  Single phase (For lighting)  Total  WW  Total  WW  Total  KW  Total  KW  Total  KW  Total  KW		· · · · · · · · · · · · · · · · · · ·			Country:	
Contractor name:  Address:  Tel.:  Contact Mr./Ms./Other  Necessary capacity  Single phase (For lighting)  Total  WW  Total  WW  Total  KW  Total  KW  Total  KW  Total  KW	Please indicate the	name and the addres	s of the ele	ctrical work o	ontractor for your b	ooth.
Tel.:  Contact Mr./Ms./Other  Necessary capacity  Single phase (For lighting)  Total  Total  KW  100V (For machine)  Total  KW						
Contact Mr./Ms./Other    Necessary capacity   Work Drawing	ddress:					
Necessary capacity Single phase (For lighting) Total kW 100V (For machine) Total kW	el.:			Fax:		
Single phase (For lighting) Total kW  100V (For machine) Total kW	ontact Mr./Ms./Other					
100V (For machine) Total kW	cessary capacity			Vork Drawing	9	
	ngle phase (For lighting)	Total	kW			
Single phase 200V Total kW	100V (For machine)	Total	kW			
MARKET CONTROL OF THE	Single phase 200V	Total	kW			
Three-phase 200V Total kW	Three-phase 200V	Total	kW			
The necessary capacity for fluorescent lamps and high-voltage mercury lamps must be calculated at 150% of the rated capacity.	Itage mercury lamps m					
FL 40W Socket outlet +	-L 40W 🔘	Socket outlet	+			
Spotlight 100W $\triangle$ Distribution board 100V $\square$	-	Distribution board 100V			Front	
Arm Spotlight    Distribution board 100V    Adjacent booth    Adjacent booth    Adjacent booth    Adjacent booth    Distribution board 100V    Distribution		Distribution board 100V	_     n	umber on the	Please write adjacer	number on the

- No power will be supplied to exhibitors who fail to submit this form.
- Submit a copy of a drawing, indicating positions of electrical appliances, outlet(s) and wiring, along with this form. (Please write adjacent booth numbers on both sides.)
- In a drawing for wiring and desired positions of electrical appliances and outlet(s), please indicate the following: whether single phase or three-phase; whether 100V or 200V; kind, switch type and capacity of electrical appliances; and diameter and number
- · When 24-hours of power supply is needed, install a special circuit for the appliance and indicate the circuit with a red mark in the drawings.

Send to:	JIAM Desk: Osaka International Trade Fair Commission 1-5-102, Nanko-kita, Suminoe-ku, Osaka 559-0034, Japan TEL: +81-6-6612-1666 Fax: +81-6-6612-8585 E-mail: jiam2012@fair.or.jp
For questions or further information:	Mr. Oda / Mr. Miyasaka / Mr. Tagashira, <b>lida Denki Kogyo Co., Ltd.</b> Awaza Park Building, 1-9-9, Awaza, Nishi-ku, Osaka 550-0011, Japan TEL: +81-6-6543-2880 Fax: +81-6-6543-2884



### **Application for Compressed Air Supply**

No.11
Deadline
August 3
2012

To: JIAM Desk

Please type or write in block lette	Date:					
Exhibitor name:						
Section:		Booth No.				
Contact: Mr./Ms./Other	Tel.: (country code	+ ) Fax:				
Address:		E-mail:				
		Country:				
<ul><li>We are applying for compressed</li><li>We do not need compressed a</li></ul>						
Size of valve	mm	Number of valves				
Pressure	6.5 kg / c	6.5 kg / cm <sup>2</sup>				
Estimated consumption per minute		Nℓ /min				
Piping work request	☐ To the bootl☐ To the desir	h red position (Additional charge applicable.)				
Drawing of the desired position(s) of installation						
	Front					
Adjacent booth number on the left ( )	Please write adjacent booth both sides.	n numbers on Adjacent booth number on the right ( )				

- No changes will be accepted, once the application has been submitted.
- Please state maximum estimated amounts, because if the actual amount of consumption exceeds the applied amount, troubles may occur during demonstrations.

Send to:	JIAM Desk: Osaka International Trade Fair Commission 1-5-102, Nanko-kita, Suminoe-ku, Osaka 559-0034, Japan TEL: +81-6-6612-1666 Fax: +81-6-6612-8585 E-mail: jiam2012@fair.or.jp
For questions or further information:	Mr. Ohmori / Mr. Yoshinaga, <b>OKAMOTO KOGYOSHO CO., LTD.</b> 1-10-9, Yunagi, Minato-ku, Osaka 552-0004, Japan TEL: +81-6-6575-2300 Fax: +81-6-6576-0740



## **Application for Steam Supply**

No.12	
Deadline	
August 3	

To: JIAM Desk

Please type or write	in block let	ters.						Date:			
Exhibitor name:											
Section:							Booth No.				
Contact: Mr./Ms./Othe	ər			Tel.: (country o	ode +	)	Fax:	<b>L</b>			
Address:			E-mail:								
							Country:				
<ul><li> We are applying f</li><li> We do not need s</li><li> An estimate will be g</li></ul>	steam supp	ly.		ormation belo	ow.						
	Name of ma					Estimated	d consump	tion pe	r hour		
					-				k	g / hou	ur
									k	g / hou	ur
									k	g / hou	ur
Diameter of the va	ilve				φ				r	m / m	
Drawing of the position(s) of p											
Adjacent booth not the left (	umber on	Plea both	ase write n sides.	Front adjacent bo	oth num	bers on	Adjace the righ		h num	ber on	1
Send to:	1-5-102,	sk: Osal Nanko-	ka Interna kita, Sum	ational Trade iinoe-ku, Os Fax: +81-6-6	aka 559-	-0034, Ja	1		r.or.jp		
For questions or further information:	Mr. Ohmo	ori / Mr. ` unagi, N	Yoshinag ⁄Iinato-ku	a, <b>OKAMOT</b> , Osaka 552 Fax: +81-6-6	O KOG` -0004, J	YOSHO ( lapan					



# Application for **Water Supply and Drainage**

No.13
Deadline
August 3

To: JIAM Desk

Please type or write	in block lett	ters.			Date	<u> </u>
Exhibitor name:						
Section:				В	ooth No.	
Contact: Mr./Ms./Othe	er		Tel.: (country code +	) F	ax:	
Address:				E	-mail:	
				C	ountry:	
☐ We are applying f	or water su	oply and drainag	ge as follows:			
We do not need w	ater supply	or drainage.				
Required diameter water supply pipe		ne appropriate b n/m (¥68,250)	oox (5% consumption to $\square$ 20m/m (¥73,500		ded) 25m/m (¥77,7	00)
Demonstration exhibits	Purpo	se	Diameter of water supply pipe (m/m)		eter of drainag (m/m)	e Number o hydrants
Indicate the desire	nd position	of the tan and di	rainage			
	e balance	, too top any a				
			Front			
Adjacent booth nutring the left ( )	umber on	Please write both sides.	adjacent booth number	ers on	Adjacent boothe right (	oth number on )
Contractor name:				Licens	e No.	
Address:						
Tel.:						
Contact Mr./Ms./Othe			Fax:			
	r		Fax:			
No changes will be		once the applica	Fax: tion has been submitte	ed.		
No changes will be Send to:	JIAM Des	k: Osaka Intern Nanko-kita, Sum		mission 034, Jap		iir.or.jp



### Application for Telephone/ADSL/Optical cable

No.14

Deadline
August 3
2012

To: JIAM Desk				
Please type or write in block I	etters.		D	ate:
Exhibitor name:				
Section:			Booth No.	
Contact: Mr./Ms./Other	Tel.: (country code	+ )	Fax:	
Address:			E-mail:	
		· · · · · · · · · · · · · · · · · · ·	Country:	
☐ We are applying for a telep	hone/Fax/ISDN/ADSL/Optical cal	ole as follows	•	
☐ We do not apply.				
We would like to apply for t	he following items Installation. Pe	riod of use is	may 15-may	21.
1.Telephone ¥36,	750 $\times$ unit (s) =	¥		
2.Fax ¥57,	750 × unit (s) =	¥		
3.ADSL line ¥63,	000 × line(s)=	¥		
4.Optical cable ¥73,	$\times$ line (s) =	¥		
	Total Payment=	¥		
	equire international calls.  Innecessary	the JIAM Des		nption Tax Included )
Adjacent booth number on	Front  Please write adjacent booth	numbers on	Adjacent	booth number on
the left (	both sides.	Humbers off	the right	

• If an exclusive FAX line is to be used, please specify the line.

Send to:	JIAM Desk: Osaka International Trade Fair Commission 1-5-102, Nanko-kita, Suminoe-ku, Osaka 559-0034, Japan
	TEL: +81-6-6612-1666 Fax: +81-6-6612-8585 E-mail: jiam2012@fair.or.jp



### **Application for Booth Cleaning**

No.15
Deadline
August 3
2012

Date:

٦	$\lceil c \rceil$	٠.	J	1 /	ΔΙ	N	1	ח	Δ	C	k	
-		٠.	U	1/	٦,	v		$\boldsymbol{\mathcal{L}}$		J	1/	

Please type or write in block letters.

Exhibitor name:				
Section:			Booth No.	
Contact: Mr./Ms./Other	Tel.: (co	ountry code + )	Fax:	
Address:			E-mail:	
			Country:	
☐ We are applying for booth clear	ning as follows:			
We do not need booth cleaning				
Period		Charge		
Sept.18 (Tue.) ~Sept.21 (Fri.) Evening	¥3,150 ×	booth(s) =	¥	

(Consumption Tax Included)



### **Application for Storage**

No.16	
Deadline July 13 2012	

To: JIAM Desk

Please type or write in block letters.		Date:	
Exhibitor name:			
Section:		Booth No.	
Gection.			
Contact: Mr./Ms./Other	Tel.: (country code +	) Fax:	
Address:		E-mail:	
		Country:	
☐ We are applying for storage as follows:			
☐ We do not need storage.			
Storage space			
unit(s) × ¥	¥126,000 = ¥		
	(Cons	umption Tax Included)	

• The storage space is limited to 40 units, provided on a first-come first-served bases.



# Vehicle Pass

		Carrie
	<b>分</b> .	運送業者名
	0.	Booth N
	<b>为</b>	小間番号
	or .	Exhibitor
( olv llcH/ 台班姆半国	· .	五 展 者:

般人日時 Moving-in

9月16日(日)~18(火)9:00~17:00

September 16 (Sun.) ~18 (Tue.)

勝田田 いま に いま

9月22日(土)16:00~21:00

September 22 (Sat.)

9月23日(日) 9:00~12:00

September 23 (Sun.)

※この通行証は開催期間中 〈9/19~22〉 は使用できません。 9/22 16:00以降の搬出作業には、この通行証をお使い下さい。

- 1.出展者名等が記入されていない場合、この通行証は無効です。2.この通行証1枚で搬入出車輌1台のみ会場へ入場できます。3.配布した枚数で足りない場合は、コピーしてお使いください。
  - Please fill in the exhibitor's name
  - 2. For this one piece of pass, only one vehicle can enter.
- 3. Please make a copy when you need more than 2 sheets.