APPLICATION FORM

For

Facility Tours of the National Institute of Special Needs Education

Date: (year)\_\_\_(month)\_\_\_(day)\_\_\_

To the President of the National Institute of Special Needs Education

The Applicant hereby applies for facility tours, attaching this Application form.

(Details)

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| Preferred Date | (Year)\_\_\_(month)\_\_\_(day)\_\_\_From (hour)\_\_(min.)\_\_ To (hour)\_\_(min.)\_\_ | | | | | | | |
| Applicant | Company Name: | |  | | | | | |
| Person in charge of the application: | |  | | | | | |
| Division and Position title: | |  | | | | | |
| E-mail: | |  | | | | | |
| TEL.: | |  | | | FAX.: | |  |
| Contact Person | Division and Position title: |  | | | | | | |
| Name: |  | | | | | | |
| E-mail: |  | | | | | | |
| TEL.: |  | | | FAX.: | |  | |
| The Number of Visitors |  | Nationality: | |  | | | | |
| Tour Manager in Japan | Company Name, Division and Position title: |  | | | | | | |
| Name: |  | | | | | | |
| Consecutive Interpreter in Japan | Name: |  | | | | | | |
| Interpreter language | (For example, Japanese-English) | | | | | | |
| Details of Visiting Purpose |  | | | | | | | |
| Optional Exhibit Tours  (Optional exhibit tours would be available.) | Is the applicant interested in optional exhibit tours? Yes\_\_\_\_\_\_\_ / No\_\_\_\_\_\_\_  ※If there is a hope of a tour facility specifically,  (The name of the facility: ) | | | | | | | |
| Access Means | 1. Route bus 2. Chartered bus 3. Private motor cars 4. Taxi | | | | | | | |
| Remarks |  | | | | | | | |

Notice

1. Please submit this “APPLICATION FORM” and “Visitors List” AT LEAST TWO MONTHS BEFORE the preferred date of Facility Tours.

2.Please send this form to following e-mail address.　 <a-kokusai@nise.go.jp>

3. If you wish to visit the facilities, we will guide you according to the purpose of your visit as far as possible. If you would like to visit the facility in particular, please write the name of the facility.

**Visitors List**

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| No. | Name | Company Name | Division and Position title |
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