

Application date: yyyy mm dd

Application to Tour Makuhari Messe

Organization Name		
Affiliation		
Applicant Name		
TEL		
FAX		
Email		
For Day of Tour	Contact info (cell phone etc.)	
	Contact name	

Date and time of tour	yy mm dd (day of week:) From : (time) *Total time is approximately 40 minutes.
Number of visitors	Total people *students: escorts attending? (yes / no) *foreigners: interpreter attending? (yes/no)
Mode of transport to Messe	Bus (qty:) / car / JR / Other (If coming by bus: large bus / medium bus / micro-bus) (Bus company name:) (If car: car model / license plate no.) *If not yet determined, please advise by the date of the tour.
Objective of tour	
Remarks	<u>Please fill in what type of information you seek with the tour.</u>

Send form to: (FAX)043-296-0529

Makuhari Messe, Inc.
Planning & PR Section, Planning & PR Department
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