

APPLICATION FORM

Date: _____

To: Executive Office, JAPAN PACK 2009
c/o Japan Packaging Machinery Manufacturers Association
5-6, Shinkawa 2-chome, Chuo-ku, Tokyo, Japan 104-0033
FAX: +81-3-6222-2280
E-mail: Japanpack@jpmma.or.jp

We hereby apply for the booth space at the JAPAN PACK 2009 as per the particulars mentioned below in accordance with the rules and procedures prescribed by the Organizer.

1. Type & Number of Booth Unit:

Single booth _____ booth unit/s
Double booth _____ booth unit/s
Block booth _____ booth unit/s

2. Applicant (Exhibitor):

Company Name	
Name of CEO or COO	
Company Address	
PIC: Name	
Title	
E-mail address	
URL	
Phone No.	
FAX No.	

3. Scheduled Exhibit/s:

NO.	Brief Description	Quantity	Country of Manufacture
1			
2			
3			
4			
5			

4. Booking Deposit:

We pay the deposit of ¥ _____ (@¥50,000, excluding a 5% consumption tax, .x _____ booth unit/s)

(Tick whichever is applicable.)

- Telegraphic transfer to the Mizuho Bank, Ltd.
 Telegraphic transfer to The Bank of Tokyo-Mitsubishi UFJ, Ltd.
 Telegraphic transfer to the Sumitomo Mitsui Banking Corp.

FOR JPMA USE ONLY

Number		Day/Month/Year	
--------	--	----------------	--