|  |  |
| --- | --- |
| Name of the company |  |
| Address of the company |  |
| Official website |  |
| Contact person (Title) |  |
| Tel  |  |
| Fax |  |
| Email address |  |
| Number of units |  |
| Presence or absence of exhibits |  |
| Overview of exhibits |  |
| Remarks |  |

Sponsorship application form

Please fill in following items and send to AMS\_ICRM\_LOC@ml.nict.go.jp