

Your name	Preferred tour date	Pages attached
	Day Month Year	Page

Please write your name.

Name (required)	
Company name (optional)	
Phone (required)	
FAX (required)	
E-mail (optional)	

Please send this sheet along with the Participant Name Sheet to

075-622-4700 via FAX.

We will quickly contact you to confirm the contents of your application.

In some cases, we will not be able to accommodate your group's preferred date.

Regarding the Participant Name Sheet list

- *Please make additional copies if group is over 20 people.
- *Depending on the information listed under the "Industry Detail" column, certain parts and items may be off limits during the tour.
- *Shoes will repeatedly be taken off and put back on throughout the tour, so please consider easy-to-wear shoes.
- *Please let us know if any members in your tour have any particular allergies.
- *Due to confidentiality reasons, photography is prohibited inside. We ask for your cooperation.
- *We ask that you sign a confidentiality agreements at the time at the tour. We unfortunately cannot provide the tour to participants who refuse to sign this agreement.
- *Please take a look at the cancellation terms for information on cancellation fees.

crossEffect Co., Ltd.

Company Tour Information Sheet

FAX:075-622-4700

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	Company	Department	Position	Full name	Industry of work (If manufacturing, please provide specific details)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

(Optional space)

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