|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ISAR-8:** **Exhibition Booth Application Form** | | | | |
| **Name of exhibiting institution/organization/company**  Fill in the name plate. |  | | | |
| **Name and title of person in charge of exhibition** |  | | | |
| **Name of contact person** |  | | | |
| **Contact person's phone number** |  | | | |
| **Contact person e-mail** |  | | | |
| **Address to which documents should be sent** |  | | | |
| **Exhibition Title and Brief Summary** | Title:  Overview: | | | |
| **Exhibition Method**  Please select one of the options. The exhibition fee is a flat rate. | Exhibit at local venues only.  Exhibit only on the online holding site  Exhibit at both the local venue and the online event site | | | |
| **Remarks/Contact Information** |  | | | |
| If you will be exhibiting at a local venue, please complete the following | | | | |
| **Power supply desired** (PC and monitor only) | Yes ( mouth, required capacity: ) No | | | |
| **Scheduled date of installation** | Please indicate if you would prefer a date other than Tuesday, October 28, 09:00~12:00. | | | |
| **delivery method** | Courier, etc.　　 Bring in | | | |
| **Installation of booth personnel during the exhibition period** | Yes　　　　　 No  \*If yes, please inform us of the date and name of the person in charge.  (Please add more columns as appropriate) | | | |
| Date | Your Name | Date | Your Name |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Bringing in valuables** | Item Name:  Preference for overnight storage in the office Yes　　　 No | | | |
| **Example of Entry** | | | | |
| **Name of exhibiting institution/organization/company**  Fill in the name plate. | National Institute of Polar Research | | | |
| **Name and title of person in charge of exhibit** | Taro Hokuto, Director, International Arctic Environmental Research Center, National Institute of Polar Research | | | |
| **Name of contact person** | Hanako Kitano | | | |
| **Contact person's phone number** | XXX-YYY-ZZZZZ | | | |
| **Contact person e-mail** | XXXX@ac.jp | | | |
| **Address to which documents should be sent** | 10-3 Midori-cho, Tachikawa-shi, Tokyo 190-8518 | | | |
| **Exhibition Title and Brief Summary**  Please describe in English.  We will use this information as an introduction. | Title: Arctic Observations in Ny-Alesund  Abstract: This booth exhibition introduces~~~~~. | | | |
| **Exhibition Method**  Please select one of the options. The exhibition fee is a flat rate. | Exhibit at local venues only.  Exhibit only on the online holding site  Exhibit at both the local venue and the online event site | | | |
| **Remarks/Contact Information** | Only large displays will be sent by courier service (arriving 10/27 (Mon.)) | | | |
| If you will be exhibiting at a local venue, please complete the following | | | | |
| **Power supply desired** (PC and monitor only) | Yes (2 units, required capacity: PC 60w/monitor 40w) No | | | |
| **Scheduled date of installation** | Please indicate if you would prefer a date other than Tuesday, October 28, 09:00~12:00. | | | |
| **delivery method** | Courier, etc.　　 Bring in | | | |
| **Installation of booth personnel during the exhibition period** | ☒Yes☐ No  \*If yes, please inform us of the date and name of the person in charge.  (Please add more columns as appropriate) | | | |
| Date | Your Name | Date | Your Name |
| Oct. 28-29 | Midoriko Tachikawa | 10/30-31 | Taro Takamatsu |
| **Bringing in valuables** | Item name: 2 notebook PCs  Preference for overnight storage in the office Yes　　　 No | | | |