



This form is for those who request to participate in H.C.R. for the first time, and who formerly participated but did not participate for the last two years (2017 and 2018).

**Please fill out this form, and submit (1)your corporate profile, and (2)catalog(s) of product(s) planned to be exhibited together to the H.C.R. 2019 organizer's office by e-mail.** [E-mail address: overseas@hcrjapan.jp]

When they meet the participation conditions, the organizer will send the applicant the log-in information of "Application Form" (online application form).

APPLYING COMPANY/ORGANIZATION INFORMATION *All fields are required		Date	/	/	2019
Company Name (Referred as Exhibitor Name)					
Address					
Country					
Contact Person	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	(First Name)		(Last Name)	
Position/Title					
TEL	(Country code)		(Area code)		(Number)
E-mail			@		
URL (English website)					
Establishment (Month/Year)	(mm)		(yyyy)		
Number of Employees					
Qualification (tick one)	<input type="checkbox"/> Company or organization that manufactures or distributes welfare equipment <input type="checkbox"/> Company or organization engaged in welfare equipment rentals <input type="checkbox"/> Company or organization that manufactures computer software, etc. that may be exhibited <input type="checkbox"/> Public organization, public-service corporation <input type="checkbox"/> Welfare organization, research institution				
Products to be Exhibited (applicable maximum of five products)	1.				
	2.				
	3.				
	4.				
	5.				
Product Groups of the products above (tick all that apply)	<input type="checkbox"/> A. Mobility equipment, mobility aid products <input type="checkbox"/> B. Vehicles for disabled persons and related devices <input type="checkbox"/> C. Bed related <input type="checkbox"/> D. Bathing equipment <input type="checkbox"/> E. Toilet/Diaper related <input type="checkbox"/> F. Clothes/Clothes changing aids <input type="checkbox"/> G. Communication/Monitoring equipment <input type="checkbox"/> H. Construction and home equipment <input type="checkbox"/> I. Rehabilitation and care prevention equipment <input type="checkbox"/> J. Prosthesis and orthosis <input type="checkbox"/> K. Daily living aids <input type="checkbox"/> L. Cooking aids <input type="checkbox"/> M. Environmental installation and welfare equipment for welfare facilities <input type="checkbox"/> N. Infection prevention products <input type="checkbox"/> O. Management information systems for Home and Institutions				

<b>Apply to/Contact</b>	<b>H.C.R. Organizer's Office (Health and Welfare Information Association)</b> Shin-Kasumigaseki Bldg., 5F., 3-3-2 Kasumigaseki, Chiyoda-ku, Tokyo 100-8980 Japan E-mail: overseas@hcrjapan.jp http://www.hcrjapan.org
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【Organizer's Use/事務局使用欄】

受領日:	/	実績:	初	会社 案内:		製品 パンフ:		CHK:		ID(ONo.)	
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