

Registration No.: _____

Date: _____



Iwate International Association

Iwate International Supporters - Registration Form

***Please fill in all the boxes.** Date: **DD** / **MM** / **YYYY** / 20

Name		Date of Birth	day: _____ month: _____ year: _____ _____ years old
Address		Postcode: _____ - _____	Gender Male • Female
			Occupation
International Exchange Group		(If you're a member of an international exchange group, write its name here)	Place of Origin (Country) _____ (Region) _____ /
Telephone	Home		Can we give this information to clients? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mobile		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax			<input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail	PC		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mobile		<input type="checkbox"/> Yes <input type="checkbox"/> No
Daytime contact method (select multiple)		Set your phone to accept mail from "@iwate-ia.or.jp". <input type="checkbox"/> Phone (Home) <input type="checkbox"/> Phone (Mobile) <input type="checkbox"/> Fax <input type="checkbox"/> E-mail (Mobile) <input type="checkbox"/> E-mail (PC)	

Iwate International Association Mailing List	<input type="checkbox"/> I'm already on the list <input type="checkbox"/> Join the list <input type="checkbox"/> Do not join the list
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*** Regarding personal information.**

The Iwate International Association will protect your personal information in accordance with its official regulations.

The information entered on this form will be used for the Association's activities. It will not be shown or sold to a third party without your permission.