Iwate International Network Application Form

Date : Month Day Year

Please place a check☑ in the corresponding column for the organization you belong to.

☐Prefecture・Municipalities ☐Municipal Association ☐School ☐Volunteer ☐Ordinary person ☐Other

Name of requester：

Staff in charge：

Address：〒 -

TEL：

FAX：

E-mail：

Requested field (Please place a check☑ in the corresponding column for your requested field.)

☐International Understanding ☐Culinary Classes ☐Cultural introduction ☐Language course ☐Other

⇒■Please fill in from No① below.

☐Interpretation・Translation ☐Study abroad consultation ⇒ ■Please fill in from No② below.

■ **①Implementation content** (Please fill in the following if the content is related to workshop or event.)

Organizer：

Preferred date for implementation：Month Day Year ( ) : ～ :

(actual working hours : ～ :)

Venue name：

Location：

TEL：

Implementation purpose (theme)：

Target persons：

Number of target persons：

■ **②Content of Request**

Preferred applicant： ☐Japanese ☐Foreigners ☐Either is fine

Preferred country or language：

Number of people required：

Other (Please write specifically.)

※In the case of translation：Desired deadline Month Day Year

※Whether sending the dispatch request to the lecturer： ☐Yes ☐No

Remuneration： Yen (Transportation Expense：☐Paid separately☐included in the remuneration)

Payment date ： ☐on the event day ☐other than the event day (Approximately month day)

Association use only

Iwate International Association TEL：019-654-8900 FAX：019-654-8922