**APPLICATION FORM** (Basic Seminar for Warehouse Management)

※Please write in Japanese or English

|  |  |  |
| --- | --- | --- |
| CompanyName(会社名) | English |  |
| Japanese |  |
| Company Type (Check the relevant box □.)業種 | □　Manufacturing company□　Trading company□　Retailer company□　Logistics company□　Other（　　　　　　　　　　 　　　　　　　） |
| Administration Person or Manager派遣責任者 | Job/Position |  |
| Address of work |  |
| Tel. |  |
| E-mail |  |
| Name in full |  |
| Participant 1参加者１ | Job/Position |  |
| Address of work |  |
| E-mail |  |
| Name in full |  |
| Participant 2参加者２ | Job/Position |  |
| Address of work |  |
| E-mail |  |
| Name in full |  |

※Please fill out the required fields in the application form and send to the email address below.

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