Application Date　： / /

Dear Director of Hydrogen 　Energy Test and Research Center

HyTReC　 Visit Application Form

|  |  |  |
| --- | --- | --- |
| Visitors information | 　Group　Name |  |
| Representativeof　the Group | Position |  |
| Name |  | 　　　 |
| Contact person  |  | TEL： |
| E-Mail |  |
| ※Please also fill in the name list of visitors of the 2nd page. | FAX： |
| Requested date and time | Date　　　　 / / First choiceDate　　　　 / / Second choice | 　　　　：　　 ～　　 　：　　　　　　　：　　　　　～　　　　： |
| Purpose of　Visit※Please fill in the details as much as possible. |  |
| Facilities you especially wish toｖisit (if any) |  |
| Relationship with this　center or referrer’s name |  |
| Transportation to this center | □Public transport 　　□Taxi 　　□Private car (Number )□Chartered bus （Number　　 　　）　　□Other （　　　　　　　　　　　　　　　　　　　） |
| Note |  |

Please do not fill in the following.

Receipt Date：　　　　　/ /

|  |  |
| --- | --- |
| 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 | Secretariat |
| Executive director |  | Responsible person |
| Visitor correspondent　　　　 |  |  |  |

HyTReC　 Visitors name book

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Company | Department | Position | Name |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
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| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |

※You can submit your name list in any format.

※If the line is insufficient, sorry to trouble you, but please add.