



APPLICATION REQUEST FORM

This form is not "APPLICATION FORM"

Deadline: Booth participation March 24 (Thu.), 2022 / Online participation May 24 (Tue.), 2022

This form is for those who request to participate in H.C.R. for the first time, and who formerly participated but have not participated since H.C.R. 2019. Please refer to separate "Application Guidelines", fill out this form and submit to the Organizer's Office together with (1) Corporate profile AND (2) Catalogs of products planned to be exhibited by e-mail. When they meet the participation conditions, the organizers will send the applicant the log-in information of "Exhibitor's Page" so as to submit APPLICATION FORM online.

REQUESTER INFORMATION			*All fields are required		Date	2022					
1	H.C.R. Participation	<input type="radio"/> For the first time <input type="radio"/> Exhibited before [Year: _____]									
2	Corporate Name (Referred as Exhibitor Name)										
3	Address										
4	Country										
5	URL of English Website										
6	Establishment	(Month)	mm	(Year)	yyyy						
7	Number of Employees	(Number)		(as per)	mm/yyyy						
8	Qualification (tick one)	<input type="radio"/> i. Corporation that manufactures or distributes welfare equipment									
		<input type="radio"/> ii. Corporation engaged in home care and rehabilitation equipment rentals									
		<input type="radio"/> iii. Corporation that manufactures or sells business software for welfare services									
		<input type="radio"/> iv. Public organization or public-service corporation that supports companies i thru iii									
		<input type="radio"/> v. Organization or research institution related to welfare equipment									
9	Products to be Exhibited										
10	Product Groups of the Products above (tick all that apply)	<input type="checkbox"/> A-1. Mobility Equipment (Wheelchair)									
		<input type="checkbox"/> A-2. Mobility Equipment (Walkers, Canes)									
		<input type="checkbox"/> A-3. Mobility Equipment (Lifts)									
		<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-1. Communication Equipment (Hearing)									
		<input type="checkbox"/> G-2. Communication Equipment (Visual)									
		<input type="checkbox"/> G-3. Communication/Monitoring Equipment (Others)									
		<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 Welfare Institutions											
11	Contact Person	(First Name)		(Last Name)							
	Corporate Title										
	E-mail										
Submit/Inquire to		H.C.R. Organizer's Office (c/o Health and Welfare Information Association) E-mail: overseas@hcrjapan.org									
受領日:	/	実績:	初	会社 案内:		製品 パンフ:		CHK:		ID	