48th International Home Care & Rehabilitation Exhibition H.C.R. 2021

APPLICATION REQUEST FORM for "online participation"

Deadline for submission: May 31 (Mon.), 2021

This form is for those who request to participate in H.C.R. for the first time, and who formerly participated but did not participate for the last two years (2019 and 2020).

Please refer to separate "Application Guidelines", fill out this form and submit to the Organizer's Office together with (1) Corporate profile AND (2) Catalog(s) of product(s) 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. (this form is not "APPLICATION FORM")

REQUESTER INFORMATION *All fields are required					**Date**	2021
1	H.C.R. Participation	○ For the first time ○ 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)	○ i. Corporation that manufactures or distributes welfare equipment				
		○ ii. Corporation engaged in home care and rehabilitation equipment rentals				
		○ iii. Corporation that manufactures or sells business software for welfare services				
		○ iv. Public organization or public-service corporation that supports companies i thru iii				
		○ 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)	☐ A-1. Mobility Equipment (Wheelchair) ☐ A-2. Mobility Equipment (Walkers, Canes) ☐ A-3. Mobility Equipment (Lifts) ☐ B. Vehicles for Disabled Persons and Related Devices ☐ C. Bed Related ☐ D. Bathing Equipment ☐ E. Toilet/Diaper Related ☐ F. Clothes/Clothes Changing Aids ☐ G-1. Communication Equipment (Hearing) ☐ G-2. Communication Equipment (Visual) ☐ G-3. Communication/Monitoring Equipment (Others) ☐ H. Construction and Home Equipment ☐ I. Rehabilitation and Care Prevention Equipment ☐ J. Prosthesis and Orthosis ☐ K. Daily Living Aids ☐ L. Cooking Aids ☐ M. Environmental Installation and Welfare Equipment for Welfare Facilities ☐ N. Infection Prevention Products ☐ O. Management Information Systems for Home and 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	