**For New Company/Organization or Past Exhibitors Who Had Participated in 2021 or before**

**Pre-Application Form**

**for H.C.R.2024 Exhibitor Application**

**[**Required documents to send in**]**

1) This “Pre-Application Form”

2) Company Information/Brochure

3) Information on planned exhibits (print/website)

**[**Documents to be accepted during the period below**]**

From 13:00 Mon. Jan 15 to

Fri. Mar. 22 for In-Person Exhibition

Fri. May 24 for Web-Based Exhibition only

* **[Caution] Under any circumstances submitting this form shall not guarantee booth space availability.**
* We may close the pre-applications before the due dates above, without prior notice, depending on the status of exhibitor applications and pre-applications.

\* Please complete the area inside the bold lines bellow: （Date of Submission） Month Day , 2024

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Information of Your Company | Company Name |  | | |
| Location | Enter full physical address including country | | |
| Tel. |  | Fax. |  |
| Website | [URL] | | |
| Information of Contact Person | Name |  | | |
| Dept |  | Job Title |  |
| E-MAIL |  | Tel. |  |
| Confirm Exhibitor Qualifications | Type of Corporation **(Check one box applicable)** | * A corporation which manufactures and/or sells home care & rehabilitation equipment …(1) * A corporation which offers rental services of home care & rehabilitation equipment… (2) * A corporation which builds and/or sells software programs for welfare services　…(3) * A public organization or a public interest corporation which supports corporations applicable to (1) through (3) above * An organization　or a research institute relevant to home care & rehabilitation equipment * A corporation which publishes and/or provides information on welfare, nursing care, and rehabilitation, and relevant matters | | |
| Product Category of Planned Exhibits  **(Check one box applicable)** | ¨Mobility/Mobility Aids ¨Adapted Vehicle Related ¨Bed Related ¨Bathing Related  ¨Toilets & Diaper Related　¨Clothing, Dressing/Undressing Aids, ¨Communication/Software & Devices　¨Sensors & Monitoring Devices　¨Construction/Housing Equipment ¨Rehabilitation & Frailty Prevention Equipment/Devices　¨Prosthesis & Orthosis ¨Daily Living Aids　¨Care Foods & Cooking Aids　¨ Equipment & Supplies for Welfare Facilities　¨Infection Prevention Devices　¨Business & Care Service Management Systems for Welfare Service Providers　¨Publishing on Welfare Equipment Information | | |

**[Submit this form w/ required documents to]**

**H.C.R. Organizer’s Office (Health & Welfare Information Association)**

**E-mail:**[**overseas@hcrjapan.org**](mailto:overseas@hcrjapan.org)

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<The Organizer’s Office Use Only>

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 受付日 | 受付No. | ID | 確認 | | SMP 入力・確認 | | 備考 |
|  |  |  |  |  |  |  |  |