To ALPHA Corporation Inc. E-mail: yoyaku@alpha-co.com FAX: 03-5797-7122

## The 80<sup>th</sup> Annual Scientific Meeting of Japanese Circulation Society Nursery Application Form

	1101001	y Application Form		
Guardian's	The scientific meeting membership	The scientific meeting membership # (%Not necessary for non-member)		
name				
	Address			
Contact				
	TEL	FAX		
	Emergency contact phone number	Emergency contact phone number (Mobile phone etc)		
Number of				
applicant		Children		
Child's name	The reading of name		Boy / Girl	
	,		Age	
(Nick name)		( )	year month	
Reservation time (tick the box)	☐ Mar. 18 <sup>th</sup> (Fri)	☐ Mar. 19 <sup>th</sup> (Sat)	☐ Mar. 20 <sup>th</sup> (Sun)	
	: <b>~</b> :	: ~ :	: ~ :	
Any attention required in the childcare ●Allergy: □No □Yes (details: ) ●Daily life: □At home □At nursery school				
☐At kindergarten ☐At Elementary school				
0.31.2			Boy / Girl	
Child's name	,		Age	
(Nick name)	(	)	year month	
Reservation	☐ Mar. 18 <sup>th</sup> (Fri)	☐ Mar. 19 <sup>th</sup> (Sat)	☐ Mar. 20 <sup>th</sup> (Sun)	
time (tick the box)	: ~ :	: ~ :	: ~ :	
Any attention required in the childcare ●Allergy: □No □Yes (details: ) Daily life: □At home □At nursery school				
□At kindergarten □At Elementary school				
	Mar. 18 <sup>th</sup> (Fri)	Mar. 19 <sup>th</sup> (Sat)	Mar. 20 <sup>th</sup> (Sun)	
Participating	Time: Place:	Time: Place:	Time: Place:	
Session				

On the use of kid's room, I apply for nursery use after I understand and agree the above and "Nursery terms of service The 80<sup>th</sup> Annual Scientific Meeting of Japanese Circulation Society".

Signature: Date:

X A certificate of receipt will be sent on subsequent day. If you do not receive it after your application, please surely contact to ALPHA Corporation Inc.

<sup>\*</sup> The venue of kid's room will be informed on the certificate of receipt.