**Disaster Preparation Course for Foreign Residents【Organisation】**

**Submit by 5/2**

Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company name |  | | Supervisor contact |  |
| Attending representative contact | |  | TEL |  |
| No. of participants |  | | | |

|  |  |  |
| --- | --- | --- |
| **List of participants** | | |
| 1 | **Name** |  |
| 2 | **Name** |  |
| 3 | **Name** |  |
| 4 | **Name** |  |
| 5 | **Name** |  |
| 6 | **Name** |  |
| 7 | **Name** |  |
| 8 | **Name** |  |

Please email or fax this document upon completion of required fields

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担当：加藤 (Kato)

**Disaster Preparation Course for Foreign Residents【Individual】**

Date

**Submit by 5/2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | Contact details |  |
| **Name** |  | Contact details |  |
| **Name** |  | Contact details |  |
| **Name** |  | Contact details |  |

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