## **ATC Event Space Usage Application**

	Attn.: Asia	and Pacific	Trade Cent	er Co., Ltd
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Date of application	
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\*Date must be filled out!

Location to be Used Circle the applicable locations.	① Piloti Plaza	②Piloti A	nteroom	<b>3</b> Ut	nier Cube	4 Seasid	le Stage			
	⑤Harbor Atrium 2F	6 Central	Atrium 2F	⑦M	ain Gate (o	n the roof)	8 Main 6	Gate (outdo	por )	
	9Umier Plaza			Othe	r (	)	)			
Usage Period	Year Month Date	e (Day	) to	Year	Month	Date	(Day	) No.	of days:	
Usage Period Details	Preparation Period (Se	etup days)	Month	Date	(Day	) to Month	Date	(Day	) No. of days:	
*Please note the preparation	Event Period		Month	Date	(Day	) to Month	Date	(Day	) No. of days:	
and cleanup periods separately even if they overlap with the	Event Period		Event Ho	ours: :	to	:				
event period.	Cleanup Perio	d	Month	Date	(Day	) to Month	Date	(Day	) No. of days:	

Event Name				
Event Organizer				
Usage Details				
Planned No. of Attendees	Total: people	Maximum per 1 day: people	Type of Attendees	General Public (Admission Fee / Free)  Relevant Parties Only (Invitees / Members / Employees /  Association Members, etc.)
Dangerous Articles (Fire or heat sources, dangerous chemicals/drugs, etc.)	Yes (Details:	) /No	Heavy Items	Yes (Details: kg) / No

## [Usage Schedule] \*Enter usage schedule plan for each location to be used separately.

Usage Schedule	Month  Date						
Location to be Used	(Day )						
	:	:	:	:	:	:	:
	to						
	:	:	:	:	:	:	:
	:	:	:	:	:	:	:
	to						
	:	:	:	:	:	:	:
	:	:	:	:	:	:	:
	to						
	:	:	:	:	:	:	:

NO			

*Please provide as much detail as possible. (Submit relevant materials v	when no	ossible.)
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rease provide as mach deam as possible. (Submit relevant materials when possible.)					
Item	Detailed Content				
Company/Organization Overview					
Attached Materials					
(Catalogs, pamphlets, etc.)					
Event					
Attached Materials					
(Event plans, flyers, materials from previous					
occurrences, etc.)					

Applicant Address	Postal Code					
Applicant						
(Organization Name)			Signature			
Representative Name	Signature					
Department		TEL				
Supervisor Name		FAX				

I hereby apply for use of ATC event space as stated above.

I hereby agree to strictly abide by the ATC Hall Usage Regulations, ATC Management Regulations, and ATC Event Space Usage Regulations when using event spaces.

	Billing Name					
Billing Information	Billing Address					
	Company					
	(Organization Name)					
	Supervisor	Division/Department	L.I. T'd.			
		Name	Job Title			
		Nome	TEL		-	-
		Name	FAX		-	-

## \*Please do not write in the area below.

Date of Application Receipt: Year Month Date							
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