

Primary Application deadline	Friday, April 30, 2004
Secondary Application deadline	Friday, June 4, 2004
Received dated	

We bear full knowledge of the Exhibition Regulation of CEATEC JAPAN 2004 and herewith apply to exhibit as stipulated below.

■ Please circle each applicable item.

We have participated to CEATEC JAPAN. No experience *In this case, you are requested to submit your company profile and product catalogs.

Membership : CIAJ JEITA JPSA

■ Exhibit Stage / Zone

Please check the stage you wish to exhibit in, and circle the product code(s) that you plan to exhibit, referring to the product codes chart in the back.

If you will exhibit the foreign-made product, please write country name.

Exhibit stage		Product(s) to be exhibited(Exact description)
Digital Network	<input type="checkbox"/> Home & Personal	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53
	<input type="checkbox"/> Business & Society	54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105
Electronic Components, Devices & Industrial Equipment	<input type="checkbox"/> Electronic Components & Devices	106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156
	<input type="checkbox"/> Industrial Equipment	157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180

Product(s) to be exhibited	Made in Japan ()%	Foreign made ()% [Name of Country:]
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■ Number of Booths / Utility Booths

Please circle the type/ number of booths and Utility booths required.

Standard Booths	1 row	1, 2, 3, 4, 5, 6	2 row	4, 6, 8, 10, 12
	3 row	9, 12, 15, 18	4 row	16
	Block format	20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, 100		
Trial Package Booths	1, 2, 3	Utility Booths	1, 2, 3, 4	

■ Exhibitor information (Please write in block letters.)

■ For official use

Company Name				
President	Address of Head Office			
	Position	Name		
Exhibition Supervisor	Address			
	Title/Division	Name		
	TEL	FAX		
	E-mail			
Internet Site URL				

Confirmation
Received No.
Member
Booth Fee
Input
Invoice
Booth #

■ Contact Agent

If your appointed agent will be responsible for payment of the participation fee and making contact with the Show Management Office, please check the box below and register the contact person.

Payment of exhibition booth fee(Issue invoice to) Contact

Contact Agent	Company Name			
	Address			
	Title/Division	Name		
	TEL	FAX		
	E-mail			