

Yokosuka Industrial Community Plaza Application Form

※Please fill in Bordered Line

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A P P L I C A N T	Organization Name						
	Name		Reservation System ID (If you have)				
	Home Address	〒					
	Phone No.		Fax No.				
R e s e r v a t i o n	Date	Time	Meeting Room		Equipment		No. of Attendie
	/	From	<input type="checkbox"/> Conf Rm	<input type="checkbox"/> Salon	<input type="checkbox"/> CD Player	<input type="checkbox"/> Projector Screen	
	()	To	<input type="checkbox"/> TRN Rm	<input type="checkbox"/> Lobby	<input type="checkbox"/> Mic () unit	<input type="checkbox"/> Monitor	
	/	From	<input type="checkbox"/> Conf Rm	<input type="checkbox"/> Salon	<input type="checkbox"/> CD Player	<input type="checkbox"/> Projector Screen	
	()	To	<input type="checkbox"/> TRN Rm	<input type="checkbox"/> Lobby	<input type="checkbox"/> Mic () unit	<input type="checkbox"/> Monitor	
	/	From	<input type="checkbox"/> Conf Rm	<input type="checkbox"/> Salon	<input type="checkbox"/> CD Player	<input type="checkbox"/> Projector Screen	
	()	To	<input type="checkbox"/> TRN Rm	<input type="checkbox"/> Lobby	<input type="checkbox"/> Mic () unit	<input type="checkbox"/> Monitor	
	/	From	<input type="checkbox"/> Conf Rm	<input type="checkbox"/> Salon	<input type="checkbox"/> CD Player	<input type="checkbox"/> Projector Screen	
()	To	<input type="checkbox"/> TRN Rm	<input type="checkbox"/> Lobby	<input type="checkbox"/> Mic () unit	<input type="checkbox"/> Monitor		
D e t a i l	Detail						
	Please put Organization Name for Monitor Screen if you need change						
P o u r p o s e	<input type="checkbox"/> General (Mtg, Interview, Group Ativity, etc.)						
	<input type="checkbox"/> Commercial Purposes (Sale, Course, Product Info, Entrance fee chargable Event, etc.)						
B a s i c L a y O u t	Square : Conf Rm 1, 2, 3, 4, 5 and Special Conf Rm / Class Rm : TRN Rm 1 and 2 : / End-end : Salon						
	※ Layout changes must be made by the user themselves. (Please be sure to return to the basic layout before leaving the room.) ※ Please make any layout changes/returns within your reserved time slot.						
P a y	<input type="checkbox"/> Cash <input type="checkbox"/> Transfer (Invoices Required <input type="checkbox"/> Not Required / Required : <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Mail)						

◆Payment

Reservation of under the 3 months from applicated is with in 10 days, over the 3 months and under the 6 months is within 30days.

◆Chage and/or Cancellation

We can support 1 time change or cancellation after completed payment.

We cannot support to change on the schedled day, may support to change to other room and time if possible.

Cancell Fee will be charge 50% within 15 days of the scheduled day. We will charge 100% after 15 days.

※ The following does not need to be filled out. This is for facility entry.

受付 :	確認 :	請求書送付 (/) :	領収番号 :
<input type="checkbox"/> 台帳	<input type="checkbox"/> 台帳	支払期日 (/) :	(備考)
<input type="checkbox"/> システム	<input type="checkbox"/> システム	許可書送付 (/) :	
<input type="checkbox"/> 電子台帳	<input type="checkbox"/> 電子台帳		

2026 APR 06