

**AICHI EXPO VIDEO & ARCHIVES CENTER**  
**Broadcast Support Information**

Received date:        /        by EXPO MEDIA CENTER

**COMPANY NAME:**

ADDRESS:

PHONE:

FAX:

**REQUESTING PERSON:**

NAME:

ADDRESS:

PHONE:

**CONTACT PERSON IN JAPAN**

NAME:

MOBILE:

PLACE TO STAY:

HOTEL:

PHONE:

E-MAIL:

**Outline of request :**

Purpose :

Broadcasting

Archives of pavilion

Timing :

Transmission :

Editting :

Others :