

## SITE VISIT SUPPORT – APPLICATION FORM FOR CORPORATE EVENTS

The application must be submitted before deciding on the destination, at least 1 month before arrival in TOKYO and no later than FEB 27, 2026.  
Please specify a candidate city(s) other than Tokyo.

A CORPORATE EVENT INFORMATION	
Corporate Event / Group Name	XXXXXX Group
Event Owner Company	XXXXXX Insurance Co.
Event Type	<input type="checkbox"/> Corporate Meeting <input checked="" type="checkbox"/> Incentive
Website	http://www.xxxxx.com
Company Industry / Business Nature	<input checked="" type="checkbox"/> Insurance <input type="checkbox"/> Banking and Finance <input type="checkbox"/> Electronics <input type="checkbox"/> Technology <input type="checkbox"/> Food <input type="checkbox"/> Direct Sales <input type="checkbox"/> Automotive <input type="checkbox"/> Medical and Pharmaceutical <input type="checkbox"/> Beauty and Cosmetic <input type="checkbox"/> Other (Please specify: )
Country or Region	Worldwide
Number of Overseas Attendees	1,500
Arrival / Departure Date (Tokyo)	Arrival <u>2026 / 6 / 14</u> (Y/M/D) Departure <u>2026 / 6 / 17</u> (Y/M/D) ( 3Nights)
Candidate Hotel in Tokyo	○○Hotel Tokyo
Other Candidate Cities	Have you considered any other destination other than Tokyo for this corporate event? (Singapore, Hong Kong) ※Please let us know at least 1 city
Decision-making Date	When will the destination decision be made? <u>2025 / 7 / 14</u> (YYYY/MM/DD)
The destination decision was made regarding the corporate event on <u>2025 / 7 / 14</u> (Y/M/D).	
Signature of Applicant	<u>Xxxxxx XXXXXXXXXXXXXXXX</u> Date <u>2025/5/9</u>

B APPLICANT / KEY CONTACT		
Role of Applicant	<input type="checkbox"/> Event Owner <input checked="" type="checkbox"/> Overseas Planner <input type="checkbox"/> Other (Please specify: )	
Contact Person	Name	<input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Mr. XXXXXX XXXXXXXXXXXX
	Title	Sales Manager
	Company	XXXXXX Meetings & Events
	Country or Region	XXXXXXX
	Phone	00-0000-0000
	Email	xxxxxxx@xxxxxevents.com
	Website	http://www.xxxxxevents.com

C SITE VISIT INFORMATION			
Personnel Information	1	Name	<input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Mr. XXXXXXXXXXX XXXXXXXXXXXX
		Title	Managing Director
		Company	XXXXXX Insurance Co.
		Country/Region	XXXXXXX
		Preferred Dates	Arrival <u>2025 / 6 / 14</u> (Y/M/D) Departure <u>2025 / 6 / 17</u> (Y/M/D)
	2	Name	<input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Mr. Xxx XXXXXXX
		Title	Managing Director
		Company	XXXXXX Insurance Co.
		Country/Region	XXXXXXX
		Preferred Dates	Arrival <u>2025 / 6 / 14</u> (Y/M/D) Departure <u>2025 / 6 / 17</u> (Y/M/D)

I understand and accept all conditions and procedures for the site visit support. I will report the selected city when it is decided.

Signature of Applicant Xxxxxx XXXXXXXXXXXXXXXX Date 2025/5/9