**For New Company/Organization or Past Exhibitors Who Had Participated in 2022 or before**

**Pre-Application Form**

**for H.C.R.2025 Exhibitor Application**

**[Required documents to be attached]**

**1) This “Pre-Application Form”**

**2) Company Information/Brochure (PDF/URL)**

**3) Information on planned exhibits (PDF/URL) (print/website)**

**[Documents to be accepted during the period below]**

From Jan 15 (Wed) 1:00 PM to

Mar. 21 (Fri): for In-Person Exhibition

May 23 (Fri): for Web-Based Exhibition only

* **[Note] Submitting this form shall not guarantee booth space under any circumstances.**
* We may close the pre-applications before the due dates mentioned above without prior notice, depending on the status of exhibitor applications and pre-applications.

\* Please complete the area inside the bold lines below: （Date of Submission） / /2025

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Information on Your Company | Company Name |  | | |
| Location | \*Enter full physical address including country | | |
| Tel. |  | Fax. |  |
| Website | [URL] | | |
| Information of Contact Person | Name | \*Last name, First name | | |
| Dept. |  | Job Title |  |
| E-MAIL |  | Tel. | + |
| Confirm Exhibitor Qualifications | Type of Corporation  (Check one box applicable) | A corporation that manufactures and/or sells home care & rehabilitation equipment …(1)  A corporation that offers rental services of home care & rehabilitation equipment… (2)  A corporation that builds and/or sells software programs for welfare services　…(3)  A public organization or a public interest corporation that supports corporations applicable to  (1) through (3) above  An organization　or a research institute relevant to home care & rehabilitation equipment  A corporation which publishes and/or provides information on welfare, nursing care, and  rehabilitation, and relevant matters | | |
| Product Category of Planned Exhibits  (Check one box applicable) | A:Mobility/Mobility Aids B:Adapted Vehicle Related C:Bed Related D:Bathing Related  E:Toilets & Diaper Related　F:Clothing, Dressing/Undressing Aids G:Communication/Software Devices　H:Sensors & Monitoring Devices　I:Construction/Housing Equipment J:Rehabilitation & Frailty Prevention Equipment/Devices　 K:Prosthesis & Orthosis, Sports/Recreation Aids for disabled L:Daily Living Aids M:Care Foods & Cooking Aids　N:Welfare Facility Equipment, Disaster Response Supplies O:Infection Prevention Devices P:Business & Care Service Management Systems for Welfare Service Providers　Q: Publishing on Welfare Equipment Information | | |

**[Submit this form with the required 2 other documents mentioned above to]**

**H.C.R. Organizer’s Office (Health & Welfare Information Association)**

**E-mail:**[**overseas@hcrjapan.org**](mailto:overseas@hcrjapan.org)

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<The Organizer’s Office Use Only>

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 受付日 | 受付No. | ID | 確認 | | SMP 入力・確認 | | 備考 |
|  |  |  |  |  |  |  |  |