Japan America Grassroots Forum in Chichi-Jima

Application and Home Stay Information Form

< Registration is still open >

☆YOU MUST TYPE OR PRINT CLEARLY!!☆

1	Name (Exactly as it appears in passport)	Last Name		First Name		Middle Name
2	Date of Birth	Day	Month	Year	3. Age	4. Gender
						☐ M / ☐ F
5	Address	Street:				
		City:				
		State:				Zip:
6	Telephone				Cell:	
7	Fax					
8	E-mail address					
9	Occupation / Grade					
		Grant Application (students between 12 and 25 year old): ☐ Yes, apply ☐ No, not apply				
		*$350 subsidy is available upon separate application for students between 12 and 25 year old.				
10	Hobbies / Interests					
11	Food and other allergies			Foods you can't eat /won't eat		
15	Special Needs					
17	Preferred Hotel Companion: The listed prices are based on double occupancy at Azure Takeshiba. You may choose a hotel plan on Chichi-Jima, but the number of rooms on Chichi-Jima is limited and your request may not be guaranteed. CIE will do our best to accommodate your request. Please indicate below the name(s) who you would like to share the room with. Unless otherwise requested other participatns will share a room with you.					
	名前 Names:					
20	How did you know about this Summit?	1. By e-mail from CIE 2. By newsletter from CIE-US 3. Internet Surfing 4. from friend or relative 5. Japan America Society (or Japan Society) of [ ] 6. Other				

Departure/ Arrival Airport

21	Please insert the number and name of Airport you will use. 1. Seattle 2. Los Angeles 3.Chicago 4.Atlanta 5. New York 6. Washigton D.C. 7. Other You Choice: ( )_____

Accomodation & Cabin Upgrades

22	Hotel Preference inTokyo on Nov. 5 & 11	☐ Prefer a single room (+$120)
	Ogasawara Maru Cabin Class	☐ Economy berth (+$0) ☐ Premium berth ($165) ☐ Standard room with double occupancy ($420/person)
	Hotel Plan in Chichi-Jima (3 nights) *Please refer to the price chart in the brochure.	☐ Papas Resort with quad occupancy ☐ Papas Resort with double occupancy ☐ Pat Inn with double occupancy ☐ Pat Inn with single occupancy (Due to the room availability, this request cannot be guaranteed.)

TRAVEL INFORMATION

24	Passport Number:	25	Nationality:
26	Passport Expiration Date (DD/MM/YYYY) :		
27	Person(s) traveling with you: ☐ Yes (Name:) / ☐ No		
28	Special Request (meals, desired seating etc.) :		
29	Do you require travel insurance from KNE ? : ☐ Yes / ☐ No (Travel insurance is your own responsibility)		

Consent for the Handling of Personal Information

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By checking the consent box and signing on the space provided below, the undersigned consents to the processing activities. The undersigned acknowledges unchecked boxes mean that I DO NOT consent to the processing activities.

Consent to Sharing of Personal Data (Required):
The participant's personal data will be shared with relevant entities such as our affiliates, a travel agency and accommodation to the extent necessary for providing the travel services for which the participant applies. If the participant does not consent to this sharing of the personal data, we may not be able to provide our travel services.

Consent to Use and Provision of Contact Information for CIE:The participant's personal data such as name and address obtained through this application form will be used for announcement for Center for International Exchange (CIE), related activities, and events by direct mail, e-mail and so on, and it will be strictly kept confidential.Without obtaining the prior consent of the participant, the personal information is not offered or disclosed to a third party.

Consent to Use of Photographs for CIE:The participant hereby grant permission to CIE to take and use: photographs, digital images, videotapes, audio recordings or quoted remarks of participant taken during this events for use in the reports, bulletins, news releases, Website and/or promotional materials of future activities for CIE and CIE-US. These materials might include printed or electronic publications, Web sites or other electronic communications. All medias and digital reproductions shall be the property of CIE.

Covid-19 Current Japanese Domestic Measures: If tested positive after entering Japan, you will be responsible for your own hospitalization and medical expenses (unless covered by private travel/medical insurance).

☐ Consent

Signature: _____ Date:

Please send this application form with your passport copy to:

Kintetsu International Express (U.S.A.), Inc
Attn: Grassroots Summit 2022 in OBUSE

Address: 879 West 190th Street, Suite 720, Gardena CA 90248-4220
Email: Japan@kintetsu.com

Passport Copy: Please make a photocopy of the page of your name, passport number, expiration day.
Registration is still open.

Japan America Grassroots Summit

[CONTACT]
REGARDING TRAVEL
(**special flight arrangements or considerations**)
Please contact
Kintetsu International Express (U.S.A.), Inc
Email: Japan@kintetsu.com
【 Office hour : 9:00 am – 5:30 pm PST, Mon.– Fri. 】
Telepho 202-429-5545 (Washington D.C.)
REGARDING THE SUMMIT:
CIE-US (C/O NAJAS)

*The program organizers reserve the right to approve, deny or cancel any application at their discretion and to alter the program and activities at any time.