

Date: _____

For the attention of the Chairman, Hiroshima Convention & Visitors Bureau

Hiroshima Goodwill Ambassador Request Form

【Requester Information】

Address	
Name of Organization	
Representative	(signature or seal)
Contact person	
Tel no.	

【Event Information】

Event date and time	Year/Month//Date / / from : to :		
Venue		Number of Ambassadors needed	
Meeting place		Meeting time	
Event name			
Event outline			
Activity/ies of Ambassador/s in the event			
Means of traveling to/from the venue	<input type="checkbox"/> Public transportation <input type="checkbox"/> Taxi (using taxi coupon) <input type="checkbox"/> Others (Please specify.)		
Note			