Iwate International Network Application Form

	Date: 5 Month 10 Day 2024 Year
Please place a check☑ in the corresponding column fo	r the organization you belong to.
1 1	□Volunteer □Ordinary person □Other
Name of requester:	Staff in charge:
Iwate	
Address: $\pm 020-0045$	
Aiina 5F, 1-7-1 Moriokaekinisidori, Morioka Iwate	Ţ
TEL: 019-654-8900	FAX:
E-mail: jinzai@iwate-ia.or.jp	
Requested field (Please place a check ☑ in the corresponding column for your requested field.)	
□International Understanding □Culinary Classes □Cultural introduction □Language course □Other	
⇒ ■Please fill in from No① below.	
✓ Interpretation · Translation □ Study abroad consultation =	⇒ Please fill in from No② below.
■ ①Implementation content (Please fill in the following if the content is related to workshop or event.)	
Organizer:	
Preferred date for implementation: 5 Month 20 Day 2024 Year (Wednesday) 14:00~15:00	
(actual working hours $14:00 \sim 15:00$)	
Venue name: Driver's license center	
Location: Aiina 1F	
TEL: 019-606-1251	
Implementation purpose (theme):	
Japanese to English interpretation for an appointment to switch to a foreign driver's license.	
Target persons: Australian	Number of target persons: 1
■ ②Content of Request	
Preferred applicant : □Japanese □Foreigners	✓ Either is fine
Preferred country or language: Japanese/English	
Number of people required: 1	
Other (Please write specifically.)	
It will take around 1 hour. I would like to meet him/her at the entrance of the driver's license center	
at 14:00pm.	
※In the case of translation: Desired deadline Month	Day Year
※Whether sending the dispatch request to the lecturer: □Yes □No	
Remuneration:Yen (Transportation Expense: \(\superscript{Paid separately} \substitute{\substitute{line}} \) included in the remuneration)	
Payment date ∶ □on the event day □other than the event d	day (Approximately month day)
Association use only	