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FAX : 0985-32-8512

セミナー　/ **报名表** / **신청서**

**Disaster Management Seminar Application Form**

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| /Name/姓名/성명 |  | /Gender/성별 | □/M/남 　□/F/여 |
| /Furigana |  | /Country/国籍/국적 |  |
| /Language/语言/언어 |  | /Japanese Level /日语水平/일어실력 |  |
| Address/地址/주소 | 〒 | | |
| ****/Tel |  | | |
| /E-mail  电邮地址/이메일주소 |  | | |
| /Occupation/职业/직업 |  | | |

ごやごとにしむは、もごください。

If you plan on attending with your family or friends, please write their information below:

如果和家人或朋友一起申请的话，请填写以下的表格。 가족 또는 친구와 함께 신청하실때는 여기에 쓰십시오.

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| /Name/姓名/성명 |  | | /Furigana |  | |
| /Gender/성별 | □/M/남 　□/F/여 | /Japanese Level /  日语水平/일어실력 |  | /Relation/관계 |  |

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| /Name/姓名/성명 |  | | /Furigana |  | |
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