



## SCAJ2021 Sponsorship Application Form

Company/Organization Name:	
Address:	
Zip/City:	Country:
Phone:	Fax:
E-mail:	URL:
Person in charge:	Job title:
Sponsor Name (Please print name as preferred on promotional materials) :	
Sponsor Category	Amount (Tax Included)  JPY

**I (We) agree to apply for sponsorship above.**

Responsible Person

Job title:

Signature:

Date:

- Please refer to the attached guide for sponsor categories and sponsor fees.
- The application will be considered binding upon receipt of this Sponsorship Application Form.
- Upon receipt of the application form, the secretariat will send you a confirmation email and inform you of the upcoming schedule. Following that, we will issue and send you an invoice, so please make payment by the deadline indicated.
- Please send your company/association logo by e-mail in one of the following formats: vector file (Adobe Illustrator, EPS) or high-resolution image file (JPEG or TIFF file higher than 300dpi)

SCAJ Conference Office / E-mail : [info@scajconference.jp](mailto:info@scajconference.jp) or Fax+81-3-5807-3019

