

JACLaS Application Form

Date: Year ____ Month ____ Day ____

To: Director, The Japanese Association of Clinical Laboratory Systems (JACLaS)

Our organization would like to apply for membership in JACLaS. Please process this application.

Company Name			
URL			
Company Executive		Name	
JACLaS Official Representative*			
Dept./Sect.		Name	
Address	(Zip)	Nationality	
TEL	— —	E-mail	
EXPO Contact/Manager**			
Dept./Sect.		Name	
Address	(Zip)		
	<input type="checkbox"/> Same as above		
TEL	— —	E-mail	
Main Products/Services Offered			

*The JACLaS official representative will represent your organization at regular Association meetings. The representative will receive invoices from the Association as well as the ID and password for access to the member site. Regular JACLaS notices and updates will be sent to this representative as well.

** Person responsible for coordinating with the office during JACLaS EXPO. This person will receive the EXPO invoice as well as all notices and updates concerning the EXPO.

FAX: 03-3830-0921 E-mail: info@jaclas.or.jp

■ Contact Details ■

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