

LIST OF SERVICE ORDER FORMS & DEADLINES

NOTE :


1. **Be sure to submit each form by the deadline.**
2. Following items with asterisk necessary to submit the service order forms to indicated in the list.
3. Please fill in the forms and submit the original copy to each service company as listed on the forms by fax or E-mail. You can also submit the order forms through the website.
4. **For all 'Package Booth' exhibitors, please be sure to submit Form 8.**

FORM	ITEM	Submit to:	the way to submit	DEAD LINE
1	CUSTOMS REPORT/ ON-SITE MATERIAL HANDLING REPORT	Nippon Express	FAX / Mail	June 1
*2	EXHIBITOR BADGE / PASS	EJK	FAX / Mail	June 7
3	APPLICATION FOR USE OF FLAMMABLE MATERIALS	TCS	FAX / Mail	June 14
*4	SUBCONTRACTOR REGISTRATION	TCS	FAX / Mail	June 14
5	SAMPLE FOOD TASTING APPLICATION	TCS	FAX / Mail	June 14
6	PACKAGE BOOTH FASCIA REGISTRATION	TCS	FAX / Mail	June 14
7	STORAGE ROOM RENTAL	EJK	FAX / Mail	June 22
*8	ELECTRICAL POWER SUPPLY	Iida Electrical Works	FAX / Mail	June 30
9	WATER SUPPLY & DRAINAGE/ GAS / COMPRESSED AIR	Fukudo kogyo	FAX / Mail	June 30
10	FURNITURE, FLOWERS & PLANTS RENTAL	TCS	FAX / Mail	June 30
11	INTERPRETER SERVICE	KEN & STAFF	FAX / Mail	June 30
12	APPLICATION FORM FOR HOTEL ACCOMMODATION	JTB	FAX / WEB	June 30
13	BOOTH CLEANING	In Support	FAX / Mail	July 21

EXHIBITOR BADGE / PASS

**Form 2 must be Submitted
by all exhibitors**

Form
2

Company Name		Country	Booth No.
Address		Post Code	
		TEL	
Contact		FAX	
E-mail:			
Deadline June 7	 Fax to: EJK Japan, Ltd. Contact: Mr. Fujiwara , Ms. Takahashi E-mail: bakery-expo@ejk-japan.co.jp 1-2-6-7F, Shibakoen, Minato-ku, Tokyo, 105-0011, Japan TEL.(+81)3-6459-0444 FAX.(+81)3-6459-0445	Reference pages:	4

Badges will be passed to Foreign Exhibitors at Show Management Office on site on Move-In period / Show period. Order how many badges you need in advance with this form.

◆ **BADGES**

All exhibitors are requested to wear “Exhibitor Badges” throughout the show period including Move-In and Move-Out periods. All the subcontractors who work on setting-up and dismantling are requested to wear “Constructor Badges” during the Move-In and Move-Out periods. Each badges should be ordered in advance by below form, and picked up at Show Management Office on site during move-in period.

◆ **VEHICLE PASS**

To control traffic during move-in and move-out periods, only vehicles with the official “Vehicle Pass” will be allowed to enter the exhibition halls. Please ask your forwarder in Japan to contact us for vehicle passes.

We require the following items.

<p>■ EXHIBITOR BADGE</p> <p>Please fill in number of badges you need.</p> <p style="text-align: center;">_____ <u>Badges</u></p>
<p>■ CONSTRUCTOR BADGE</p> <p>Please fill in number of badges you need.</p> <p style="text-align: center;">_____ <u>Badges</u></p>
<p>■ VEHICLE PASS</p> <p>Please fill in number of badges you need.</p> <p style="text-align: center;">_____ <u>Badges</u></p>

APPLICATION FOR USE OF FLAMMABLE MATERIALS

Form
3

Company Name		Country	Booth No.
Address		Post Code	
		TEL	
Contact		FAX	
E-mail:			
Deadline June 14	➔	Fax to: TCS Co., Ltd. E-mail: pbj@t-c-s.co.jp 1-1-32 Shiba Daimon, Minato-ku, Toyo 105-0012, Japan TEL.(+81)3-3432-4720 FAX.(+81)3-3432-4730	
		Reference pages:	10

We would like to make an application for use of flammable materials as follows :

<1> Person in charge of Fire-prevention : _____

<2> ITEM: Please put "X" mark in the space below and then fill each column.

Heating equipment (Please provide layout indicating where to use it).

Type :
Fuel :
Product to be heated :
Which kind of heating equipment is used :
Protective fire-proof method :

Flammable liquid (Please provide layout indicating where to use it).


Flammable Liquid	Name	Delivering quantity per day	Purpose
Protective fire-proof method			

- * The person in charge of Fire-prevention must be able to be contacted any time on-site.
- * Be sure to prepare ABC powder Fire extinguishers.
- * Valid Date is July 30 - August 2.
- * Cooking oil is included in flammable materials.

SUBCONTRACTOR REGISTRATION

**Form 4 must be Submitted
by all exhibitors**

Form
4

Company Name		Country	Booth No.
Address		Post Code	
		TEL	
Contact		FAX	
E-mail:			
Deadline June 14	 Fax to: TCS Co., Ltd. E-mail: pbj@t-c-s.co.jp 1-1-32 Shiba Daimon, Minato-ku, Toyo 105-0012, Japan TEL.(+81)3-3432-4720 FAX.(+81)3-3432-4730	Reference pages: 6 ~ 10	

Our contractors are;

STAND-FITTING	<input type="checkbox"/> We exhibit with package booth(s). <input type="checkbox"/> Own subcontractor specified below;
Company Name	
Address	
Person in Charge	
TEL:	FAX:
Floor Work (Anchor Bolts): <input type="checkbox"/> Required <input type="checkbox"/> Not required If required, please notify TCS.	
Cost of Anchor bolt-Repairing ; <input type="checkbox"/> Bill to the exhibitor <input type="checkbox"/> Bill to the bellow	
Company name:	
Address:	
Person in charge:	
TEL:	
FAX:	

* Please submit detailed drawings to TCS Co., Ltd. if you register your own sbcontractor.

SAMPLE FOOD TASTING APPLICATION

Form
5


Company Name		Country	Booth No.
Address		Post Code	
		TEL	
Contact		FAX	
E-mail:			
Deadline June 14		Fax to: TCS Co., Ltd. E-mail: pbj@t-c-s.co.jp 1-1-32 Shiba Daimon, Minato-ku, Toyo 105-0012, Japan TEL.(+81)3-3432-4720 FAX.(+81)3-3432-4730	Reference pages: <div style="text-align: center; font-size: 1.5em; font-weight: bold;">12</div>

Please fill in the following items:

Sample product : <hr/> <hr/> <hr/> <hr/>
Cooking required <input type="checkbox"/> YES <input type="checkbox"/> NO :
Equipment : <input type="checkbox"/> Sink <input type="checkbox"/> Hand-washing <input type="checkbox"/> Disinfection <input type="checkbox"/> Refrigerator <input type="checkbox"/> Cooking stove <input type="checkbox"/> Others _____
Utensils: <input type="checkbox"/> Paper cup <input type="checkbox"/> Paper dish <input type="checkbox"/> Cutting board <input type="checkbox"/> Bowl <input type="checkbox"/> Others _____
Countermeasure taken for sanitation: <hr/> <hr/> <hr/> <hr/>

PACKAGE BOOTH FASCIA REGISTRATION

Form
6

Company Name		Country	Booth No.
Address		Post Code	
		TEL	
Contact		FAX	
E-mail:			
Deadline June 14	 Fax to: TCS Co., Ltd. E-mail: pbj@t-c-s.co.jp 1-1-32 Shiba Daimon, Minato-ku, Toyo 105-0012, Japan TEL.(+81)3-3432-4720 FAX.(+81)3-3432-4730	Reference pages: 7	

All Package Exhibitors must fill out and submit this form

<1> Please check the package plan you applied for.

<input type="checkbox"/> Plan A	<input type="checkbox"/> Shell Scheme Package
<input type="checkbox"/> Medium Booth Plan	<input type="checkbox"/> Small Booth Plan

<2> Your company name on fascia board in English and Japanese.

If you do not have Japanese company name, we will translate into Japanese (if you want).

	Sign Panel (Company Name)
Japanese	
English	

* Company name will be written in black gothic letters.

If you'd like it to be written in other colors or with your company logo, it will be charged depending on the order. Please contact TCS Co., Ltd. for more information.

<3> Please pick the color preference for the sign panel and carpet.

Carpet Color
<input type="checkbox"/> Orange <input type="checkbox"/> Grey <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Green

Sign Panel base color
<input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Navy blue
* For blue, red, green and navy blue, lettering will be in white.

STORAGE ROOM RENTAL

Company Name		Country	Booth No.
Address		Post Code	
		TEL	
Contact		FAX	
E-mail:			
Deadline June 22	➔	Fax to: EJK Japan, Ltd. Contact: Mr. Fujiwara , Ms. Takahashi E-mail: bakery-expo@ejk-japan.co.jp 1-2-6-7F, Shibakoen, Minato-ku, Tokyo, 105-0011, Japan TEL.(+81)3-6459-0444 FAX.(+81)3-6459-0445	Reference pages: <div style="text-align: center; font-size: 24pt;">18</div>

★ STORAGE ROOM RENTAL APPLICATION FORM

Number of rooms:

Fees: 86,400 yen/room × _____ rooms = ¥ _____ yen (inc. tax)

Person keeping the key _____

*In the case that the billing address is different from the one above, please fill in the space below.

Company name	
Mailing address	
Person in charge	
Tel	
Email	

*For details, please see the reference pages.

I would like to settle the payment:

Cash on site

*Wire Transfer before the show

* The invoice will be sent by EJK Japan Ltd. upon receipt of the application form.
* Please be informed that all bank processing fees must be paid by exhibitors.

Company Name		Country	Booth No.
Address		Post Code	
		TEL	
Contact		FAX	
E-mail:			
Deadline June 30	➔	Fax to: Fukudo Kogyo Co., Ltd. Contact: Mr. Kataiwa E-mail: office@fukudo.co.jp 5-32-18 Kameido Koto-ku Tokyo 136-0071, Japan TEL.(+81)3-3638-0730 FAX.(+81)3-3638-4937	
		Reference pages:	17

We require as indicated below.

<1> WATER SUPPLY

REQUIRED ⇒ Please circle pipe diameter

pipe φ	13mm(1/ 2") 20mm(3/ 4")
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<2> DRAINAGE

REQUIRED ⇒ Please circle pipe diameter

pipe φ	40mm(1 1/ 2") 50mm(2")
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<3> GAS

REQUIRED ⇒ Low pressure

Usage per hour	kcal/H
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<4> COMPRESSED AIR


REQUIRED

Water supply & drainage lines within your booth (Indicate the aisle and adjacent booths number also)															

*Main valve will be placed in your booth.
 *Quotation and invoice will be sent you directly from FUKUDO KOGYO.

FURNITURE, FLOWERS & PLANTS RENTAL

Form
10

Company Name		Country	Booth No.
Address		Post Code	
		TEL	
Contact		FAX	
E-mail:			
Deadline June 30	 Fax to: TCS Co., Ltd. E-mail: pbj@t-c-s.co.jp 1-1-32 Shiba Daimon, Minato-ku, Toyo 105-0012, Japan TEL.(+81)3-3432-4720 FAX.(+81)3-3432-4730	Reference pages: 22 ~ 26	

We require furniture as indicated below.

For All Package-booth Exhibitors, please confirm furniture included in the price.

	ITEM	PRICE	QUANTITY	TOTAL
1		¥		¥
2		¥		¥
3		¥		¥
4		¥		¥
5		¥		¥
6		¥		¥
7		¥		¥
8		¥		¥
9		¥		¥
10		¥		¥
11		¥		¥
12		¥		¥
13		¥		¥
14		¥		¥
15		¥		¥
16		¥		¥
17		¥		¥
18		¥		¥
19		¥		¥
20		¥		¥
lease contact TCS Co., Ltd. directly if you need other types of furniture.		Grand total		¥

I would like to settle the payment: (Please mark a cross below)

Bank Transfer before the show

Cash or Credit card on site

* Please make the remittance to the account below before 12th of May.

* Please be noted that exhibitors must bear all bank processing fees and include the invoice number in the bank transfer sheet.

Bank Information

Bank of Tokyo-Mitsubishi UFJ
 Shimbashi Branch
 Ordinary Account 4639566
 TCS CO., LTD.

INTERPRETER SERVICE

Company Name		Country	Booth No.
Address		Post Code	
		TEL	
Contact		FAX	
E-mail:			
Deadline June 30		Fax to: KEN & STAFF Co., Ltd. Contact: Ms. Kikuchi E-mail: y-kikuchi@ken-staff.co.jp MST Hills, 4-4-5 Takadanobaba Shinjukuku Tokyo TEL: +81-3-3367-0020 FAX: +81-3-3367-0027	
			Reference pages: 17

Type of Interpreter	Number of Persons	Period	Price/day	Total
1. Technical Interpreter (Japanese / English) *more than 3 year's experience	person	August __ --- __ (_____ days)	negotiable	¥
2. Event Companion (Japanese / English)	person	August __ --- __ (_____ days)	¥25,920	¥
3. Booth Staff (Japanese only)	person	August __ --- __ (_____ days)	¥16,200	¥
Transportation fee for Interpreter (¥1,000 per person / day)				¥
Grand total				¥

APPLICATION FORM FOR HOTEL ACCOMMODATION

All items marked with * must be completed.

Form
12

Reference pages: **19**

Please complete and return this form to: JTB Global Marketing & Travel Inc.
 Fax: +81-3-5495-0785 E-Mail: pbjapan2017@gmt.jtb.jp
Deadline Date: June 30, 2017
 Online application is also available. URL: <https://mice3.jtbgmt.com/pbjapan2017/?lang=en>

*Last Name		*First Name	
*Middle Name		*Country	
*TEL		*FAX	
*Company Name		Address	
*E-Mail			
Password	* For your payment and confirmation, you need your password. Please create your own password. * Password should be more than 8 to 16 numbers and letters (Upper case, Lower case)		

	Please type or print		Please encircle	Please ✓ your Choice					Total No. of Night
	Name	Name of 2 nd person (For Twin Rooms Only)	Type of Room	Jul. 29	Jul. 30	Jul. 31	Aug. 1	Aug. 2	
1			Single						
			Twin						
2			Single						
			Twin						
3			Single						
			Twin						
4			Single						
			Twin						
5			Single						
			Twin						
Choice of Hotel		1 st choice						Breakfast: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		2 nd choice						Breakfast: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		3 rd choice						Breakfast: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PAYMENT

Credit Card (On-Line)

* After we input your reservation on the system, we will send you your ID number and the URL.

Bank Transfer

*After we received your application form, we will send you proforma invoice.

Please remit the amount by the designated due date in it.

Date: _____ Signature: _____

BOOTH CLEANING

Company Name		Country	Booth No.
Address		Post Code	
		TEL	
Contact		FAX	
E-mail:			
Deadline July 21	➔	Fax to: In Support Co., Ltd. Contact: Mr. Goto E-mail:goto@yellow.interq.or.jp 5-22-12 Toyo Koto-ku Tokyo 135-0016, Japan TEL.(+81)3-5683-3886 FAX.(+81)3-5683-3887	
			Reference pages: 6

We order booth cleaning as indicated below.

TERM

July 30 - August 2

COST

¥2,600 / 9 sqm unit · 3days

TERM	TOTAL BOOTH SPACE	TOTAL
July 30 - August 2	¥ 2,600×_____unit	¥

I would like to settle the payment:

Cash during the show

*Payment by credit cards is not acceptable.

If you contracted with package booth, booth cleaning is included in the price.