Media Application Form

			Submit date		Υ	М	D
Deadline: by 5:00 p.m. three days before		Name of Production Company					
		Address					
		Contact name					
Shooting date		Y	M D	()		
Shooting time		am / pm :	\sim am / pm	:			
Description of shoot							
	Contact name		Phone (mobile)		- -	_ _	
Number of crew members		E-ma	il address		_		
	Shooting location						
Title (Journal, TV, etc.)							
Publication (on-air) date							
Remarks					_		
Notes: Please follow the instructions from the staff. Press pass will be issued at the group reception on the 1st floor.							
弊社 使用欄	営業時間外照明作動	口あり					
		ロ なし			_		
	その他連絡事項						

Goryokaku Tower Corporation

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