

# Media Application Form

Submit date                    Y    M    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	:	~ am / pm :
Description of shoot			
	Contact name	Phone (mobile)	- - - -
	Number of crew members	E-mail 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	<input type="checkbox"/> あり
		<input type="checkbox"/> なし
	その他連絡事項	

Please send it by Email or Fax.

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