

# Aqua Restoration Research Center Application Form

Application date	_____ day_____month_____year
Address	AQUA RESTORATION RESEARCH CENTER Kawashimakasada-machi kakamigahara-city Gifu pref. Postal-code 501-6021 TEL +81-586-89-6036 FAX +81-586-89-6039 E-mail kyousei4@pwri.go.jp

Please fill in the application form

Date of visit	DATE: _____ day_____month_____year TIME: from _____:_____ to _____:_____	Please note that we could not accommodate your requests in some cases.
Tours	1. No guided tour needed (Time required) 2. Research and information Center only 20~30 min 3. Experimental streams only 40~50 min 4. Center & Experimental streams about 90 min	If you need guided tours, please circle the one you would like to take.
Number of visitors	_____	We will prepare brochures
Name of representative Affiliation Position Address Phone number Fax E-mail	_____ _____ _____ _____ _____ _____ _____	Please fill in all the necessary items on the application form.  We will send the confirmation and map of ARRC.
List of visitors	Please make a list of visitors with name, affiliation, position and then send it to us by e-mail or fax.	

Please fill out the following questionnaire for improvement of our activity's quality

1. Your interest	Nature restoration project / Conservation of animals and plants / Invasive species / Water quality improvement / Environmental education
2. Mission of your affiliation	
3. Purpose of your visit	
4. Please ask us, if you have any questions	

\* We are closed on Saturday, Sunday and national holidays.