

# Interpretation/Translation Request Form

Attn: Chairman of the Saga Prefecture International Relations Association

Date: \_\_\_\_\_ (YYYY-MM-DD)

Information of person filing the request

Katakana Name		
Corporation/company name		
Address	〒	
Contact information	Tel.	E-mail

Content of the request

Type of request	<input type="checkbox"/> Interpretation <span style="margin-left: 100px;"><input type="checkbox"/> Translation</span>		
Name of project			
Content of the request			
I n t e r p r e t a t i o n	Language	⇔ ( ) people	
	Date and time of activity	_____ (YYYY-MM-DD) : ~ : _____	
	Location	Name of facility	
		Address	
		Tel.	
Remuneration/ compensation of transportation fees	Remuneration <input type="checkbox"/> Yes (¥ ) <input type="checkbox"/> No Compensation of transportation fees <input type="checkbox"/> Yes (¥ ) <input type="checkbox"/> No Method of payment <input type="checkbox"/> Cash <input type="checkbox"/> Bank transfer <input type="checkbox"/> Other ( ) My Number <input type="checkbox"/> Required <input type="checkbox"/> Not required		
T r a n s l a t i o n	Language/word count	→ ( ) characters/words	
	Deadline	_____ (YYYY-MM-DD)	
	Remuneration	Remuneration <input type="checkbox"/> Yes (¥ ) <input type="checkbox"/> No Method of payment <input type="checkbox"/> Cash <input type="checkbox"/> Bank transfer <input type="checkbox"/> Other ( ) My Number <input type="checkbox"/> Required <input type="checkbox"/> Not required	
	Method of delivery	<input type="checkbox"/> E-mail <input type="checkbox"/> In-person-delivery <input type="checkbox"/> Delivery via postal service <input type="checkbox"/> Other ( )	
Other specifics			

« Interpretation »

Please attach any reference material, such as an outline of the project/event

« Translation »

Please attach the document to be translated.

Note that the provided documents shall not be returned, so please refrain from submitting any originals.

For applications or inquiries

Saga Prefecture International Relations Association

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