Application Form for Device WebAPI Consortium

**Send to：**

　　e-mail address： info@device-webapi.org

　　Subject：Application Form for Device WebAPI Consortium

Please directly fill out this form and send it to the e-mail address above.

I have read the ‘Rules for Device WebAPI Consortium’, well understood the objectives and activities of the Device WebAPI consortium and agree to the contents, and I hereby request to participate in the Device WebAPI consortium.

**Your company：**

　　Company name：

　　Pronunciation：

　　Notation in English：

　　URL：

　　Contents of business：

**Person to be registered：**

　　Name of department：

　　Position：

　　Name：

**Contact：**

　　Address：

　　TEL：

　　FAX：

　　e-mail：

**Remarks：**

Please write comments, questions, etc. freely. Further, in case the designated space is not sufficient for registering more than one persons or e-mail addresses, please write those here.