

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.