様式１

令和　　年　　月　　日

サテライトキャンパスおおいた使用申請書

おおいた地域連携プラットフォーム会長　殿

機関名

申請者・氏名

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　㊞

電話番号（緊急時必ずご連絡が取れる番号を記入してください）

|  |  |
| --- | --- |
| 行事名（目的） |  |
| 希望日時 | 令和　　年　　月　　日（　） :  ～令和　　年　　月　　日（　） :  ※準備・片付けの時間を含む。1時間単位 |
| 使用人数 | 名 |
| 使用責任者 | 所　属：  氏　名：  連絡先：電話　　　　　　　　E-mail |
| 希望する部屋 | 大学連携交流プラザ　・　講義室　　※希望する部屋を○で囲ってください。 |
| その他 | 行事（目的）に関連するパンフレット等があれば添付してください。 |
| 行事名の  表示希望  ※講義室のみ | 希望する　・　希望しない  ※ご希望の場合は，インフォメーション後方の電光掲示板に行事名が表示されます。  ※掲載依頼書に必要事項をご記入いただき，様式１と併せてご提出ください。 |

【確認事項】

＊受講料，入場料，参加料等を徴収しますか。　　　　　　□はい　　　　□いいえ

→「はい」の場合，金額は実費相当ですか。　　　　　　□はい　　　　□いいえ

＊寄付金の募集，各種団体の勧誘活動，政治活動，

宗教活動に該当しますか。　　　　　　　　　　　　　　□はい　　　　□いいえ

＊物品の展示・販売等を行いますか。　　　　　　　　　　□はい　　　　□いいえ

　　　→「はい」の場合，営利を目的としていますか。　　　　□はい　　　　□いいえ

　（別途，展示・販売等する物品の明細票を提出してください。）

【注意事項】

　　＊平成30年1月4日よりホルトホール大分の通称が「J:COMホルトホール大分」となりました。

サテライトキャンパスおおいたを会場として使用される際にチラシを作成される場合は，会場名を「J:COM ホルトホール大分 2階 講義室(又は交流プラザ)」と表記をしてください。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ホルトホール大分　情報表示設備　掲載依頼書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | |  | |  | | |  | |  | | |  | |  |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |
|  | |  | | | |  | |  | | |  | |  | | |  | |  |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |
| **１．表示を希望する施設** | | | | | | | | | | | | | | | |  | |  |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |
| チェック | | | | | | 施設名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 表示板への表示名（全角５、半角１０以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 表示階数 | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
| 1 | | | | 2 | | | | 3 | | | | 4 | | | | 5 | | | | 6 | | | | 7 | | | | 8 | | | 9 | | | 10 | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
|  | | | | | | 人権啓発センター | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | | | | 権 | | | | | | | | セ | | | | ン | | | | タ | | | | ー | | |  | | |  | | | | 1 | | | | 階 | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |
|  | | | | | | 福祉総合ミーティングルーム | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 福 | | | | | | | | 祉 | | | | | | | | ミ | | | | ー | | | | テ | | | | ィ | | | ン | | | グ | | | | 1 | | | | 階 | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |
| ○ | | | | | | サテライトキャンパス | | | | | | | | | | | | | | | | | | | | 講義室 | | | | | | | | | | | | | サ | | | | テ | | | | ラ | | | | イ | | | | ト | | | | キ | | | | ャ | | | | ン | | | パ | | | ス | | | | 2 | | | | 階 | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |
|  | |  | | | |  | |  | | |  | |  | | |  | |  |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | |
| **２．催事名** | | | | | | | |  | | |  | |  | | |  | |  |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | |
| ・上段：催事名を記入 | | | | | | | | | | | | | | | |  | |  |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | |
| ・下段：案内板の表示希望内容（全角２０文字・半角４０文字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | 2 | 3 | | | | | 4 | | | 5 | | | 6 | | 7 | | | | 8 | | | 9 | | | 10 | | | 11 | | | 12 | | | 13 | | 14 | | | 15 | | | | 16 | | | | 17 | | | | 18 | | | | 19 | | | | 20 | | | | 21 | | | | 22 | | | 23 | | | 24 | | | | 25 | | | | 26 | | | | 27 | | | | 28 | | | | 29 | | | | 30 | | | | 31 | | | | 32 | | | | 33 | | | | 34 | | | | 35 | | | | 36 | | | | 37 | | | | 38 | | | | 39 | | | | 40 | | | | |
|  | |  |  | | | | |  | | |  | | |  | |  | | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
|  | |  | | |  | |  | | |  | | | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
| **３．表示を希望する期間** | | | | | | | | | | | | | | | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
| 始 | | 年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 時間 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和 | | | 年 | | | | | | | | |  | | 月 | | | | | | | 日 | | | | | | | | | | |  | | | | | | | | ： | | | |  | | | | | | | | ～ | | | |  | | | | | | | | ： | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 終 | | 年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 時間 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和 | | | 年 | | | | | | | | |  | | 月 | | | | | | | 日 | | | | | | | | | | |  | | | | | | | | ： | | | |  | | | | | | | | ～ | | | |  | | | | | | | | ： | | | |  | | | | | |
|  | |  | | |  | |  | | |  | | | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
|  | | **ホルトホール大分みらい共同事業体　様** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
|  | |  | | |  | |  | | |  | | | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | | **依頼日** | | | | | | | |  | | | | 令和 | | | | | | | | 年 | | | | | | | | | | | | 月 | | | | | | | | | | | | 日 | | | | | | | | | | | |  | | | | |
|  | | **上記のとおり表示設備への掲載を依頼します。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
|  | |  | | |  | |  | | |  | | | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | 所属 | | | | | | | | | | | | おおいた地域連携プラットフォーム | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | |  | | |  | |  | | |  | | | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | | |
|  | | ※注意 | | | | |  | | |  | | | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | 担当者 | | | | | | | | | | | | 中西，杉本，松木 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | ・表示を希望する催事名は来館者がわかりやすいものにしてください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | | |
|  | | ・催事の時間は準備・片付けなどの時間を除いて実際に催事が行われる時間としてください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | 連絡先 | | | | | | | | | | | | 554-7913 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | ・期間について1日かぎりの催事のときは上段のみに記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | | |
|  | | ・この依頼書は掲載希望日の開館日４日前までに提出してください。（休館日除く営業日数で４日前） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
|  | | ・依頼内容の確認のため、お問い合わせすることもありますので御了承ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
|  | |  | | |  | |  | | |  | | | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | 処理欄 | | | | 受付 | | | | | | | | | | | | 処理 | | | | | | | | | | | | |
|  | |  | | |  | |  | | |  | | | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
|  | |  | | |  | |  | | |  | | | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
|  | |  | | |  | |  | | |  | | | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |