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）

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| 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。

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| ホルトホール大分　情報表示設備　掲載依頼書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
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|  | | | | | | 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 | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |
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| **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） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |
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| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **ホルトホール大分みらい共同事業体　様** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
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|  | | **上記のとおり表示設備への掲載を依頼します。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
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|  | | ※注意 | | | | |  | | |  | | | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | 担当者 | | | | | | | | | | | | 兼子，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 | | | | | | | | | | | | 097－554－7913 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | ・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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |
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