

CONSULATE GENERAL OF JAPAN

3438 Peachtree Road NE
Phipps Tower Suite 850
Atlanta, GA 30326
TEL 404-240-4300 FAX 404-240-4311
info@aa.mofa.go.jp

Application for Loan of Videotapes

Name _____ Organization _____
Address _____ Work Phone _____
City _____ Homephone _____
State _____ Zip Code _____ Email _____

First Choice

Video Title	Date Required	Viewing Occasion	Expected Audience

Second Choice (if first choice not available)

Video Title	Date Required	Viewing Occasion	Expected Audience

Other information, if any:

I hereby assume responsibility for the safekeeping of the abovementioned tape(s) and for their return to the Japan Information Center in accordance with the regulations.

Borrowed by _____ Date _____

Office use only:

Sent Out: _____ Returned: _____

You may email this form by hitting the button at the top of this sheet or print it and fax to 404-240-4311.