Application Form for Endorsement of Commemorative Event for the 160th Anniversary of Japan-Denmark Diplomatic Relations

Date of Application	YYYY / MM / DD	Endorsement No.
Event Title		
Period of the Event	From: YYYY / MM / DD to YYYY / MM / DD	
Venue / Location		
Name of the Organizer		
Category of the Organizer Please check the applicable box(es).。	☐ Government Agency ☐ Local Government or Affiliated Organization ☐ Public Interest Organization ☐ Educational Institution / School ☐ Corporation / Company ☐ Cultural Organization ☐ Non-Profit Organization (NPO) ☐ Other (Please specify: _____)	
Contact Information of the Organizer	**Contact Person:**	**E-mail:**
	Phone：	Mobile：
	Address：	
	Website：	
Objectives of the Event		
Event Outline		
Admission / Participation Fee *Please check the applicable box.*	☐ Free ☐Fee Charged (Amount: _____)	
Expected Number of Participants	persons	
Field of the Event *Please check all that apply (multiple answers allowed).*	☐ Music ☐ Art ☐ Theatre / Drama ☐ Dance ☐ Food / Gastronomy ☐ Academic / Research ☐ Film / TV ☐ Tourism ☐ Economy / Business ☐ Education ☐ Sports ☐ Youth Exchange ☐ Regional Exchange ☐ Other (Please specify: _____)	

Format of the Event ***Please check all that apply (multiple answers allowed).***	☐ Concert ☐ Performance / Show ☐ Workshop ☐ Exhibition ☐ Festival ☐ Book / Publication ☐ Seminar / Lecture ☐ Conference / Symposium ☐ Competition / Tournament ☐ People-to-people Exchange ☐ Training ☐ Volunteer Activity ☐ Film Screening ☐ TV Program ☐ Other (Please specify: _____)
	☐ Individual Event ☐ Part of a larger-scale project (Project Title: _____)
Relevance to Japan and Denmark	
Estimated Budget (Total Amount)	
Sources of Funding ***Please check all that apply (multiple answers allowed).***	☐ Public Grant / Subsidy ☐ Corporate Sponsorship ☐ Donation / Contribution ☐ Admission / Ticket Fees ☐ Membership Fees ☐ Self-funding ☐ Other (Please specify: _____)
Status of Preparation ***Please check all that apply (multiple answers allowed).***	☐ Confirmed ☐ In planning ☐ Concept Stage ☐ Other (Please specify: _____)
Co-organizer(s)	
Supporter(s) / Patron(s)	
Remarks	

Notes:

1. If there are any deficiencies or incomplete information in this application, it may not be considered for review.
2. If the space provided in this form is insufficient, you may attach supplementary documents.
3. Please complete this application form digitally using a PC (handwritten forms will not be accepted).