Japan Seminar 2025

Application Form

**IPA Member**

National Section: IPA Membership Number:

Police Force: Department:

First Name:

Surname: Age:

Address (Give Full Private Address)

Mobile Phone Number: +

E-mail Address:

Food Allergies: [ ] None [ ] Yes ( )

Emergency Contact

First Name: Surname:

Home Phone: + Mobile Phone: +

E-mail Address:　　　　　　　　　　 Relationship:

**Cancellations:**

Should you need to cancel your seminar participation, we kindly ask that you do so by 6:00 PM (Japan Standard Time) on October 9, 2025 before hotel cancellation fees apply.

For cancellations made after the designated deadline, kindly review the following information and tick the box to confirm your understanding.

[ ] I acknowledge that cancelling my seminar participation after 6:00 PM on October 9, 2025 (Japan Standard Time) may incur hotel cancellation fees, which I agree to cover.

**Important:**

To ensure the safety of all participants, anyone with a fever of 37.5℃ or higher is required not to participate in the seminar, and required to follow the guidance of the relevant authorities.