











B4. Interpreter & Temporary Employee Application Form

Exhibitors who require an interpreter / temporary staff during the show must fill out this form in advance.

advance.						
Ms. Graciela			graciela@kaigo.com.tw			
Phone: 02-2595-4212 #715			Fax: 02-2595-5726		Due Date	Aug 29
Exhibitor Name:			Booth number:		Signature & Company Stamp, Date	
Contact Person:					1,	
Phone:						
Fax:						
0, "D	,					
Staff Require	ment					
Service Option		Price / Hour		Number of Interpreter Required	Date	Total Price
Interpreter Language Skills	English	(Please conta	ct organizer for quotation)			
	Japanese	(Please conta	ct organizer for quotation)			
	Others:	(Please contact organizer for quotation)				
Receptionist		(Please conta	ct organizer for quotation)			
Loaders		(Please contact organizer for quotation)				
Total :						
minimum nur	nber of hours	for interpretat	n 9:00 a.m. to 5:00 p.m. vion is 2 hours, but any le o make changes.			
-		•	ation, please send back eptember 10 th .	to graciela@ l	kaigo.com.tw	or Fax and
Payment		(USD)	 Beneficiary Bank: CATHAY UNITED BANK Beneficiary Name: KAIGO CO., LTD. Beneficiary Account Number: 002-080-104858 SWIFT Code: UWCBTWTP Bank Address: No.65, Kuan Chien Rd., Taipei, Taiwan 			