



Hospital/Health Service Information

New Member

Renewing Member

Name of hospital in English (please type):

Name of health service in English (please type): **Aozora Pharmacy**

Name in local language (please type): **あおぞら薬局**

Address (please type):

Street: **3-6-8 Nozato, Nishiyodogawa-ku**
Zip Code: **555-0024**
City: **Osaka**
State: **Osaka**
Country: **Japan**

Phone: **+81 6 6477 8080**
Fax: **+81 6 6477 8090**
Website: **http://www.faruma.co.jp/**

Chief Executive Officer of hospital/health service (please type):

Name and title: **Noritake Hirota**
Phone: **+81 6 6477 8090**
Fax: **+81 6 6477 8090**
E-mail: *******@**.***

HPH coordinator of hospital/health service (please type):

Name: **Noritake Hirota**
Position: **President**
Phone: **+81 6 6477 8090**
Fax: **+81 6 6477 8090**
E-mail: *******@**.***

Name of national/regional HPH Network coordinator (please type):

Name and title:
Phone:
Fax:
E-mail:

Name of Network (please type):

※お願い※
この欄は日本のHPH事務局が記載しますので
何も記載されなくて結構です。



Signatures

The Letter of Intent shall be signed by the Hospital / Health Service Management and the National / Regional HPH Network Coordinator (if applicable), who will send it to the International HPH Secretariat:

Hospital / Health Service Management

代表者のサインは日本語でも結構です。

Date & Signature: 20 Jan 2015 Noritake Hirota

Name of National / Regional HPH Network Coordinator

Date & Signature: _____

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何も記載されなくて結構です。

NOTE: If no National / Regional HPH Network exists in your area, please send this letter directly to the International HPH Secretariat for signature:

Date & Signature

Hanne Tønnesen, Director of the International HPH Secretariat

The International HPH Secretariat, WHO Collaborating Centre, Bispebjerg University Hospital, Bispebjerg Bakke 23, Building 20 C, DK - 2400 Copenhagen NV

Phone: +45 3531 6797/6789

Fax: +45 3531 6317

Email: info@whocc.dk