**APPLICATION FORM FOR THE TQM DIAGNOSIS**

Date:

(month / day / year)

To: The Chairman of the Deming Prize Committee

- Name of the Organization:

- Address of the Organization:

- Name of Principal Representative:

(Last Name) (Affiliation)

(First Name)

(Signature)

We would like to apply for the TQM Diagnosis by the Deming Prize Committee members as follows:

1. The Month Desired:

(Example: XX/XXXX 〜XX/XXXX)

(month/year) \* The committee will discuss some suitable dates based on your desired schedule and notify you of candidate dates.

1. The Locations Desired:

|  |  |  |
| --- | --- | --- |
| Locations | Number of Days | Number ofCommittee Members |
|  |  |  |
|  |  |  |
|  |  |  |

1. Objective:

Item of items a) to c) on page 57 is requested.

**[Competitor Information]**

Members of the Deming Prize Committee who carry out examinations include those who works for a company and those who provide trainings to organizations as an instructor. In case there are certain competitors that you wish to avoid having examiners from, please specify the company name below.

※Unless company name(s) specified above, we will consider that assigning examiners in charge based on non-disclosure agreement made between the Deming Prize Examination Committee and the examiners should not cause any problem.

- Principal Contact Person

Name:

(First/Last)

Affiliation:

Tel: Fax:

Email:

Note) Please attach an overview of the organization and the desired examination locations.

Note) Due date of application: February 20 (for TQM Diagnosis conducted during the period of April 1 of the same year to March 31 of the next year)