

REGISTRATION FORM: 3.11 Japan Memorial Charity 2015

Please complete and send this form to the address below, applicably along with a check for your contributions payable to **Japan Society of New York**. Registration form must be received by Thursday, March 5, 2015. Confirmation e-mail will be sent upon receipt of your registration form.

Name

Phone

E-mail

Guests:

Name

E-mail

Name

E-mail

Name

E-mail

Check your first and second preferred session.

**Seats are limited and reserved on first-come, first-served basis.*

___ 10:00 am ___ 11:00 am ___ 12:00 pm ___ 1:00 pm ___ 2:00 pm

Free Admission, suggested minimum donation \$20

Your Contribution: \$ _____ x _____ = \$ _____

Where/who did you hear about this event? _____

Have you attended our previous events? ___ Yes ___ No

If yes, when? _____

Signature

Date

Check payable to **Japan Society of New York**

Please remit: Kyoko Wada

23 Hill Street, Lexington, MA 02421