

# **REGISTRATION FORM: 3.11 Japan Memorial Charity 2016**

*Please complete and send this form to the address below along with a check for the donation payable to Japan Society of New York. Registration form must be received by Friday, February 19. Confirmation e-mail will be sent upon receipt of your registration form and payment.  
Purchased tickets are not subject to refund.*

\_\_\_\_\_  
Name (PLEASE PRINT)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
E-mail \*confirmation email will be sent to this address

\_\_\_\_\_  
Guests' names:

\_\_\_\_\_  
Guests' E-mail Addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\* Number first, second, and third as your preferred sessions.*

\_\_\_\_ 10:00 am

\_\_\_\_ 11:30 am

\_\_\_\_ 1:00 pm

Free Admission, suggested minimum donation \$20

Your Contribution: \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

*Please write a check payable to Japan Society of New York, and "NO RECEIPT" on the note section if you do not request a receipt issued by Japan Society of New York.*

Where/who did you hear about this event? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please remit:  
Kyoko Wada  
23 Hill St., Lexington, MA 02421