



CONFERENCE OF THE NATIONAL FEDERATION OF AUSTRALIA-JAPAN SOCIETIES
October 19th – 20th 2018
Sydney, Australia

DAY 1 – October 19 (Friday)

Business focus

Included:

- Conference sessions for the day
- Morning and Afternoon Tea and Lunch
- Cocktail reception at close of day
- Bus transport to/from Reception

REGISTRATION FEES PER PERSON

\$110 AJS & JAS members
\$100 students
\$150 others

DAY 2 – October 20 (Saturday)

People-to-people focus

Use of Aerial Function Centre kindly sponsored by



Included:

- Conference sessions for the day
- Morning and Afternoon Tea and Lunch
- Hands-on workshops and cultural performances

\$55 AJS & JAS members
\$45 student/concession
\$65 others

GALA CONFERENCE DINNER – October 20 (Saturday) 6 pm – 10 pm
@ National Maritime Museum, Lighthouse Gallery, Darling Harbour Waterfront

Help celebrate AJS-NSW's 50th anniversary!

\$145 per person (tables of 10 - \$1450)

Included: Drinks on terrace, 3-course dinner with unlimited beer & wine
Entertainment throughout the evening

REGISTRATION FORM

(Please note you can also sign up and pay online. Go to www.ajsnsw.org.au and follow the prompts)

Title: Mr / Mrs / MS / DR (Please circle) FIRST NAME:..... SURNAME:.....
 Organisation :.....POSITION:.....
 POSTAL Address:..... Phone:.....
 Email:.....
 SPECIAL REQUIREMENTS (food allergies / religious or physical):

REGISTRATION FEE:

INDIVIDUAL DAYS

DAY 1 BUSINESS \$

DAY 2 PEOPLE-TO-PEOPLE \$

CONFERENCE DINNER \$

TOTAL \$

OR

CONFERENCE PACKAGE

Day 1, Reception, Day 2, Gala Dinner

MEMBER (AJS or JAS) \$...310.....OR

NON-MEMBER \$...360.....

(Day 1, Day 2 and the Conference Dinner are separate events; you may choose to attend one, two or all three)

Payment OPTIONS:

EFT: BSB: 062-009 ACC NUMBER: 1098-1545 (please use your name as an identifier when making a direct deposit)

Commonwealth Bank of Australia, Wynyard Branch, SWIFT: CTBAAU2S. (For overseas payments, please pay all fees.)

CHEQUE PAYMENT (MAKE payable to Australia Japan Society of NSW Inc.) .

CREDIT CARD: Visa / Mastercard / AMEX/ JCB (Please circle)

CardHOLDER:..... Card Number: ___/___/___/___

Signature:..... Expiry __/__ Verification Code: ___ (Last 3 digits back of card)

Email: info@ajsnsw.org.au **Post:** PO Box R937 Royal Exchange, NSW 1225

This form becomes a Tax Invoice upon payment so please retain a copy for your tax records. No GST is payable.