

The Women's Conference Registration Form
January 22-24, 2010

Name: _____

Address: _____

Telephone: _____ Fax _____ Email: _____

Room: Japanese Style (futon, 2-6) Western style (twin or limited singles)
roommate(s) request (optional) _____

Meals: **Friday:** dinner **Saturday:** breakfast, lunch, dinner **Sunday:** breakfast, lunch
(Please circle any meals you will miss due to late arrival or early departure. If you will need
Friday dinner saved for you, please write expected time of arrival here: _____)

Vegetarian Yes No

Any special dietary needs? Please describe: _____
(note: registrations after Jan. 15, Amagi Sanso cannot guarantee special meals)

Early Bird Special

(Paid by Dec 1)

¥23,000 -shared Japanese room

¥29,000 -Western style room for 2

Regular

(paid by January 10)

¥25,000

¥31,000

Late

(paid after January 10)

¥29,000

¥35,000

Bring a daughter special (age 14+)

My daughter's name: _____

Her dietary needs: _____

Meals: **Friday:** dinner **Saturday:** breakfast, lunch, dinner **Sunday:** breakfast, lunch
 Japanese Style Western style

Daughter rates: ¥15,000 (shared Japanese room) ¥21,000 (Western Style room for two)

* The Women's Conference is a non-profit making activity. Please consider adding a donation to your registration to aid the scholarship program. Through this program we can offer discount registration to women in Christian work in Japan who would not otherwise be able to attend.

My Registration Fee: _____ ¥

I would like to add to the scholarship fund _____ ¥ (optional)

My Total Conference Cost is: _____ ¥

Surikae info (P.O.) **Acct #:** 00240-3-29031 **Acct Name:** Women's Conference

Some information for the conference booklet:

1. What is your vocation/work? _____
2. Special interests: _____
3. Is this your first conference? ___ yes ___ no
Is your assignment in Japan ending soon? ___ yes ___ no

Other useful information:

1. Would you like to help with: (please circle)
Labyrinth Music Audiovisual Snack table Mailing or P.R. Worship
2. Do you play a musical instrument and wish to play for the conference?
___ yes ___ no Which instrument? _____
3. Would you like to bring a snack to share: ___ yes ___ no
4. Are you able to be a Workshop Leader? _____ What workshop could you facilitate?
_____ Winnie Shiraishi will contact you.

Registration, Questions & Information

Website: <http://wocon.net> Email: amagi2010@gmail.com

The Women's Conference Planning Committee C/O Sherrills

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Weekdays (10 am to 4:30 pm) Sarah Oba 03 3203 0101 Weeknights/weekends Teresa Sherrill 042 475 2907