



Gala Order Form

To register for the **2014 Maple Leaf Gala**, please complete the information below and return this form to the CCCJ by fax, e-mail or posted mail. Your registration will be confirmed upon receipt of payment. No refunds after October, 24th.

SPONSORSHIP PACKAGES

_____ PLATINUM x **¥ 900,000 PER PACKAGE** = ¥ _____

- BENEFITS: (2 packages available)
- 3 Tables (Table seats 10), 1 Half page AD in Event Program;
 - Sponsorship Recognition during the evening
 - VIP Photo Opportunities
 - Special Invitations to VIP Reception
 - Preferred Table location (Prime table Location)

_____ GOLD x **¥ 600,000 PER PACKAGE** = ¥ _____

- BENEFITS: (4 packages available)
- 2 Tables (Table seats 10), Quarter page AD in Event Program;
 - Sponsorship Recognition during the evening
 - VIP Photo Opportunities
 - Special Invitations to VIP Reception
 - Preferred Table Location (Prime table Location)

_____ SILVER x **¥ 300,000 PER PACKAGE** = ¥ _____

- BENEFITS: (15 packages available)
- 1 Table (Table seats 10), One-eighth page AD in Event Program;
 - Sponsorship Recognition during the evening

NON-SPONSORSHIP PACKAGES

_____ TABLES x **¥ 250,000 PER TABLE** = ¥ _____

_____ INDIVIDUAL TICKETS x **¥ 25,000 PER TICKET** = ¥ _____

CONTACT INFORMATION:

Name: _____ Company: _____

Address: _____

Tel: _____ E-mail: _____

NAMES OF GUESTS (indicate unconfirmed names as "TBA")

- | | | |
|----------|----------|-----------|
| 1. _____ | 5. _____ | 9. _____ |
| 2. _____ | 6. _____ | 10. _____ |
| 3. _____ | 7. _____ | |
| 4. _____ | 8. _____ | |

Please let us know of any special dietary requests for you or your guests by October 27th.

Vegetarian meal preferred Other dietary request: Allergies _____

PAYMENT METHOD: BANK TRANSFER AMERICAN EXPRESS VISA MASTERCARD

Card Number: _____ Expiry _____ / _____
Month Year

Name on Card _____

BANK TRANSFERS TO:

Mitsubishi Tokyo UFJ Bank, Aoyama dori branch (084)

Account Number 1268586 (futsu koza),

Account Name: CCCJ Events

(account name will read ザイニチカナダショウコウカイギシヨ オニール フィリップ)

送金先:三菱東京 UFJ 銀行 青山通り支店 普通口座 1268586

講座名: ザイニチカナダショウコウカイギシヨ オニール フィリップ

Contact Information:

Fax: (0)3 5775-9507

Tel: (0)3 5775-9500

E-mail: admin@cccj.or.jp

Physical Address:

Canadian Chamber of Commerce in Japan

Parkside Sepia 7F, 3-13-10 Nishi-Azabu

Minato-ku, Tokyo, 106-0031 Japan

