Ai-Kon's Winterfest 2019
School Discount Program Application

Thank you for your interest in bringing the love of Japanese culture, into your classrooms!

School / institution information

Name : _____

Faculty Position : _____

School Address : _____

Phone : _____ Alternative Number: _____

Contact E-mail Address : _____

Supervising advisor / chaperone information

Name : _____

Mailing Address : _____

E-mail Address : _____

Phone : _____ Alternative Number: _____

Group information

Graduating Year:

Number of student passes requested : _____ x $10.00 (price includes taxes and fees) = _____

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Other

Tell us more about your group and institution?

_____

_____

Why are you applying for the student group discount?

_____

_____

If you have questions or suggestions, please contact:

registration@ai-kon.org