



SOCIETY FOR ASIAN ART REGISTRATION FORM MAY-JUN. 2025

How to Register

1. Go to our website, www.societyforasianart.org, sign up and pay online; OR
2. Print and fill out this registration form, and send it with a check payable to the Society for Asian Art or the credit card information to: Society for Asian Art, 200 Larkin Street, San Francisco, CA 94102.

SAA does not issue tickets or confirmations. You will be contacted ONLY if your registration cannot be completed. A valid email address for each registrant must be provided for online programs.

The Society for Asian Art's cancellation policy requires at least one week's advance written notice in order to receive a refund of registration fees. Requests must be received by the SAA office no later than one week before the start of the event, lecture series, or literature course. This excludes our travel programs, which have separate cancellation policies, as well as any programs where a specific refund policy is stated on the event page or description.

Please note that by registering for a program, you are giving consent to the SAA to be photographed or videoed as a participant.

Programs	Fee Per Person	Quantity	Subtotal
<input type="checkbox"/> May 10, 2025 Study Group - Journey through Cambodian Buddhist & Hindu Iconography with M.L. Pattaratorn Chirapravati	\$35 Members \$40 Non-Members		
<input type="checkbox"/> May 22, 2025 Member Event - Curating <i>Lunar Phases: Korean Moon Jars</i> with Hyonjeong Kim Han Advance registration must be received by SAA by May 15, 2025.	\$15 Members \$20 Non-Members		
<input type="checkbox"/> May 29, 2025 Member Event - 2025 Annual Meeting & Reception Email invitations will be sent by Apr. 29, 2025 to all SAA members in good standing.	Free for all SAA members		
<input type="checkbox"/> Aug. 29 - Dec. 12, 2025 Fall 2025 Arts of Asia Lecture Series - It's Magic: Art and the Power of Transformation. Advance registration must be received by SAA by Aug. 22, 2025.	\$200 Members \$250 Non-Members		

Total Amount _____

Name _____ Email _____ Phone _____

Address _____

City, State & Zip Code _____

Check Number _____ Check Amount _____ Check Date _____

Charge registration fees to my credit card (CHECK ONE): Visa MasterCard Discover American Express

_____-_____-_____-_____/_____/_____
Credit Card Number Expiration (MM/YY) CVV (3 digit # on back of Visa, MC or D; 4 digit # on front of AmEx)

Signature _____

Date _____