

AGUDATH ISRAEL OF AMERICA ♦ ELEVENTH YARCHEI KALLAH IN YERUSHALAYIM Monday Afternoon - Thursday ♦ January 17-20, 2011 / 12-15 Shevat, 5771

REGISTRATION APPLICATION

PLEASE NOTE: ALL REGISTRATIONS ARE SUBJECT TO CONFIRMATION

In order for proper arrangements to be made, please provide information for each participant, as indicated.

PLEASE PRINT INFORMATION CLEARLY:	PARTICIPANT #1 (FOR YOURSELF)	PARTICIPANT #2 (FOR YOUR SPOUSE)
TITLE:		
FIRST NAME:		
LAST NAME:		
STREET ADDRESS:		
CITY, STATE ZIP:		
TELEPHONE – DAY		
TELEPHONE – EVENING		
TELEPHONE – FAX		
TELEPHONE – CELL (US)		
TELEPHONE – CELL (ISRAEL)		
EMAIL (PLEASE PRINT CLEARLY)		

HOTEL / REGISTRATION DETAILS AND PAYMENT INFORMATION

HOTEL REGISTRATION – RAMADA JERUSALEM HOTEL			
Includes 3 Nights Hotel Stay (Mon., Tues. & Wed.) and Daily Breakfast.			
<input type="checkbox"/> Rate for double occupancy (Total for 3 Nights)	\$ 480.00	PER ROOM	= \$
<input type="checkbox"/> Rate for single occupancy (Total for 3 Nights)	\$ 435.00	PER ROOM	= \$
ADDITIONAL HOTEL NIGHTS			
Please be sure to check nights desired and whether single/double occupancy.			
Nights <u>Prior</u> to Yarchei Kallah: <input type="checkbox"/> Sat. (1/15) <input type="checkbox"/> Sun. (1/16)	<input type="checkbox"/> \$160.00 per night double occupancy <input type="checkbox"/> \$145.00 per night single occupancy	× ___ NIGHTS	= \$
Nights <u>Following</u> Yarchei Kallah: <input type="checkbox"/> Thur. (1/20) <input type="checkbox"/> Fri. (1/21) <input type="checkbox"/> Sat. (1/22) <input type="checkbox"/> Sun. (1/23)	<input type="checkbox"/> \$160.00 per night double occupancy <input type="checkbox"/> \$145.00 per night single occupancy	× ___ NIGHTS	= \$
NOTE: If stay in hotel is for 7 or more nights, please call our office for special rates.			
YARCHEI KALLAH PROGRAM REGISTRATION -- FOR ALL PARTICIPANTS			
Does NOT include Hotel Stay or Breakfast.			
<input type="checkbox"/> Registration Fee – For <u>EACH</u> Participant (Men and Women)	\$ 180.00	× ___ PEOPLE	= \$
<input type="checkbox"/> Chartered Tour Bus and Admissions Add-on (FOR WOMEN ONLY)	\$ 75.00	× ___ PEOPLE	= \$
TOTAL AMOUNT DUE:			= \$

Enclosed please find my check for the amount shown above. (Make checks payable to: **Agudath Israel of America**).

Please charge my Credit Card account for the amount shown above:

AMEX VISA MASTERCARD

EXP. DATE

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SIGNATURE: _____



AGUDATH ISRAEL OF AMERICA / ATTN.: YARCHEI KALLAH / 42 BROADWAY / NEW YORK, NY 10004
PHONE: (212) 797-7380 FAX: (646) 254-1610 (NOTE: All reservations must have Credit Card information above.)
or scan completed Application and EMAIL to yarcheikallah@agudathisrael.org

FOR OFFICE USE ONLY:	Date Received:	Comments:	By:
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TRAVEL INFORMATION:



This application is for hotel and Yarchei Kallah registration purposes only. For flight information you may contact Voyages Unlimited at 718-258-0709.