



הקרן לירושלים
THE JERUSALEM FOUNDATION
مؤسسة صندوق القدس

International Conference Meeting 2013
April 30 - May 2, 2013

REGISTRATION & ACCOMMODATION FORM

Please print out and return the form below to Esther Chase
via Fax: +972-2-671-9405 or e-mail estherc@jfilm.org

Registration details:

Family Name: _____ First Name: _____

Title: Professor Dr. Mr. Mrs. Ms. Other _____

Passport Number: _____ Citizenship: _____ Date of birth: _____

Mailing Address : _____

City, State: _____ Country: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____@_____

Special Dietary Restrictions: _____

Please mark the appropriate box:

I plan to attend the 2013 International Conference Meeting I cannot attend

I shall come alone I shall be accompanied by: Spouse / Partner

Spouse /Partner's Family Name: _____ First Name: _____

Passport Number: _____ Citizenship: _____ Date of birth: _____

Special Dietary Restrictions: _____

Accommodation information:

- Rates are per night per room, including Israeli buffet breakfast and all taxes.
- For early morning arrivals, to ensure hotel accommodation on arrival, we recommend booking room night prior to arrival.
- Please provide credit card information below to secure reservation.
- **Cancellation policy:** 30 days prior to arrival - 1 night cancellation charge
- All changes or cancellations must be in writing and sent via post, fax, or email to the Jerusalem Foundation at estherc@jfilm.org. Please do not contact the hotels directly.

Please indicate hotel preference / room type below:

The following hotels have a limited number of rooms available. Guests will be accommodated on a first come, first served basis.

<u>KING DAVID HOTEL</u>		<u>DAVID CITADEL HOTEL</u>		<u>Mount Zion Hotel</u>	
Deluxe Renovated Room Old City View		Superior Room Old City View			
Single \$580	Double \$600	Single \$395	Double \$410	Single \$205	Double \$225
Deluxe Renovated Room New City View		Superior Room New City View			
Single \$450	Double \$470	Single \$335	Double \$350		
* Other categories of rooms available upon request					

Check-in: _____ Check-out: _____ Total no. of nights: _____

I/We will require / will not require late check-out / early check-in : ***please tick mark accordingly***

I/We will not require hotel accommodation. _____

Payment for Hotel Accommodation and Conference Registration:

One night's hotel deposit is required to guarantee your hotel accommodation.

The balance will be debited 24 hours prior to your check-out of the hotel.

Please complete the below credit card information:

Visa MasterCard Diners Club American Express

Credit card number: _____, Expiry date (month/year): _____

Name appearing on card: _____

Security Code or 3-digit on the rear of card: _____

- I authorize payment of my hotel bill from my credit card. **Yes/No**

Signature: _____, Date: _____

Airport assistance and ground transportation:

Please complete details below if assistance and transfers are requested for arrival and departure to / from Ben Gurion Airport.

- I wish to be met at the airport and provided transportation to Jerusalem and wish to receive information regarding this service.

**For further information or to register please print out and return the form above to
Esther Chase via Fax: +972-2-671-9405 or e-mail estherc@jfjlm.org**