



הקרן לירושלים
THE JERUSALEM FOUNDATION
مؤسسة صندوق القدس
עמותה רשומה

REGISTRATION & ACCOMMODATION FORM

JERUSALEM FOUNDATION INTERNATIONAL LEADERSHIP CONFERENCE – MAY 2010

Registration details:

Family Name: _____

First name: _____

Title Prof. Dr. Mr. Mrs. Ms. Other

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

Mailing Address : _____

City: _____ Country: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Please mark the appropriate box:

I plan to attend the May 2010 International Leadership Conference I cannot attend

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

Family Name: _____ First Name: _____

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

Accommodation information:

- The following rates are per night per room, inclusive of Israeli buffet breakfast and service charge.
- For those guests arriving very early in the morning, in order to be assured of hotel accommodation upon arrival, we recommend to book the hotel room night prior to arrival date in Israel.
- Please provide your credit card information below in order to **secure** your hotel reservation.
- **Cancellation policy:**
30 days prior to arrival - 1 night cancellation charge

All changes or cancellations have to be made in writing and sent via post, fax, or email to
The Jerusalem Foundation at odelia-e@jerusalem-foundation.org.
Please do not contact the hotel 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.**

KING DAVID HOTEL, JERUSALEM

Deluxe Room facing Old City	
Single	Double
\$462	\$480

DAN PANORAMA HOTEL, JERUSALEM

Deluxe Room facing Old City	
Single	Double
\$188	\$200

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

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

Special needs / dietary requests : _____

I / we will not require hotel accommodation

Payment for hotel accommodation:

One night's 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

Number of card: _____, Expiry date (month/year): _____

Name as shown on card: _____

Security Code or three digits on the rear of the credit card: _____

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

Signature: _____, Date: _____

Airport assistance and ground transportation:

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

Flight arrival information:

Date of arrival: _____ Airline: _____ Flight number: _____

Expected time of arrival: _____ Number of people: _____

- I wish to be met at the airport and provided transportation to Jerusalem. *Please send me information for this service.*

**Additional questions or information, please contact
Ms. Odelia Ezra at the Jerusalem Foundation
at Email address: odelia-e@jerusalem-foundation.org**

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