

Voices of Jerusalem 16-20 September 2006

Third IFCM Multicultural and Ethnic Conference

Registration form for individual participation

Please fax to :

“Voices of Jerusalem” Conference, “Hallel”, Israel Choral Organisation

Fax : +972-9-7460 006

A. Participant Information: PLEASE PRINT CLEARLY

Title (Please Check One) Mr. Ms. Prof. Dr.

(Family Name)

(Given Name)

(Middle Name)

Organization/School/Department

Mailing Address (Check One)

Home

School

Street /Box or Apartment #

(same)

City

State/Province

Postal Code

Country

Telephone: + _____ -- _____ - _____
(country code) (area code) (number)

E-Mail: _____ @ _____

Professional Title: _____

Participation Status

Full Participation: 18 September (arrival) – 20 September, 2006 (departure)

According to UN list Lunch included

Prior to 1 June, 2006 Category A, \$180 Category B, \$130 Category C, \$90
After 1 June, 2006 Category A, \$200 Category B, \$150 Category C, \$100

For Israeli participants – 620 NIS, Lunch included

Two-Day Participation: 18 September (arrival) – 20 September, 2006 (departure)

According to UN list

Prior to 1 June, 2006 Category A, \$110 Category B, \$80 Category C, \$50
After 1 June, 2006 Category A, \$125 Category B, \$95 Category C, \$60

Total Participant Fee: _____

B. Hotel Accommodation:

Mishkenot Shaananim: Single, \$150 Double, \$210 Triple, \$240

Link: <http://www.mishkenot.org.il/guest.php>

Eldan Hotel: Single, \$130 Double, \$140 Triple, \$150

Link: <http://www.eldan.co.il/hotel/index.html>

Scottish Hospice: Single, \$65 Double, \$90 Triple, \$115

Link: http://www.eznavigate.com/scottie/jer_gue_eng.htm

Hotel Fee \$ _____

of Nights _____

Total Hotel Fee \$ _____

C. Tours:

I am interested in receiving further information regarding the following:

Prior to the conference

tour to the Dead Sea and/or Massada

tour to the Lake of Gallile,

After the conference

tour to the Dead Sea and Massada,

tour to the lake of Gallilee,

D. Arrivals:

There will be special transportation for all delegates from and to Ben-Gurion Airport to Jerusalem.

Please print you flight details.

Arrival: Date _____ Airline/Flight _____ Time _____

Departure: Date _____ Airline/Flight _____ Time _____

E. Payment:

Participation Fee _____

Total Hotel Fees

Hotel fee for one night as a deposit _____ (fee completion directly with the hotel)

Total Due: _____

Credit Card Payment: Please check the method and fill in the blanks as applicable.

Visa Master Card Diners Club American Express

Card Number: _____

Name of Card Holder:

Passport no.: _____ Expiration Date: _____ / _____
(month) (year)

Authorized Signature: _____ Date: _____

Conference Cancellation Policy
All cancellations prior to 20 July, 2006 will be refunded, minus the \$40 registration fee. Cancellations received between 21 July and 20 August, 2006 will receive a refund of 50%. There will be no refund after 21 August, 2006.

Hotel Cancellation Policy
All cancellations prior to 20 July, 2006 will be refunded. Cancellations received between 21 July and 20 August, 2006 will receive a refund of 50%. There will be no refund after 21 August, 2006.