



# AGUDATH ISRAEL OF AMERICA – אגודת ישראל באמריקה

## 97<sup>TH</sup> NATIONAL CONVENTION REGISTRATION APPLICATION

Crowne Plaza Stamford, CT • Nov. 28<sup>th</sup> - Dec. 1<sup>st</sup> 2019 • ל"י חשון - ג' כסלו תש"פ

### JOIN US THANKSGIVING WEEKEND!



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_

Spouse First Name \_\_\_\_\_ Title \_\_\_\_\_

First Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Second Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Third Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Fourth Child's Name \_\_\_\_\_ Age \_\_\_\_\_

*(Please list additional children on separate sheet)*

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email \_\_\_\_\_ Spouse Email \_\_\_\_\_

**Please Note: All Reservations are Subject to Confirmation**

ACCOMMODATIONS & MEAL SERVICE	RATE*		TOTAL
	THURS - SUN	FRI - SUN	
<input type="checkbox"/> Deluxe Room (2 Double Beds)	<input type="checkbox"/> \$1,925.00	<input type="checkbox"/> \$1,625.00	\$
<input type="checkbox"/> Preferred Room (King Bed & Pull-out sofa/cot)	<input type="checkbox"/> \$1,625.00	<input type="checkbox"/> \$1,350.00	\$
<input type="checkbox"/> Single Occupancy	<input type="checkbox"/> \$1,295.00	<input type="checkbox"/> \$995.00	\$
<input type="checkbox"/> Children's Second Room (2 children 18 and under)	<input type="checkbox"/> \$1,345.00	<input type="checkbox"/> \$1,045.00	\$
<input type="checkbox"/> Additional Adult(s) in Room (including children over 12)	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$400.00	\$
<input type="checkbox"/> Additional Children Ages 2-12 (sharing room with parents)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$300.00	\$
<input type="checkbox"/> Babysitting (per child during all sessions - nights & in-room service not included)	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$75.00	\$

Suites – Limited number of Junior, Executive and Premium Suites available. Please call 1.212.797.7380 for full details and rates.

\* Rates include convention registration & all gratuities (except bellmen)

Agudath Israel of America 5780 Membership Dues (Per Family)  I am a Life Member \$ 54

**Total Amount Due \$**

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

Please charge my credit card for the amount shown above.

Card #

Exp Date  /

Signature \_\_\_\_\_

Security Code

**PLEASE SUBMIT COMPLETED CONVENTION REGISTRATION APPLICATION:**

By mail: **AGUDATH ISRAEL OF AMERICA / CONVENTION DESK • 42 BROADWAY • NEW YORK, NY 10004**

By fax: **646-254-1610** or scan and email: **CONVENTION@AGUDAH.ORG**

(NOTE: Fax and email reservations must have Credit Card information above.)

Full payment will be refunded upon notification of cancellation by October 31. After that date, \$100 cancellation fee per person will apply.

(For office use only) Date Received  By  Confirm

Comments