



AGUDATH ISRAEL OF AMERICA – אגודת ישראל באמריקה

96TH NATIONAL CONVENTION REGISTRATION APPLICATION

Crowne Plaza Stamford, CT • November 22-25, 2018 • ו'ד-ג'ז כסלו תשע"ט

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*

FULL CONVENTION PACKAGE — CROWNE PLAZA HOTEL

THURS - SUN

FRI - SUN

TOTAL

| | | | |
|--|-------------------------------------|-------------------------------------|----|
| <input type="checkbox"/> Deluxe Room (2 Double Beds) | <input type="checkbox"/> \$1,895.00 | <input type="checkbox"/> \$1,595.00 | \$ |
| <input type="checkbox"/> Preferred Room (King Bed & Pull-out sofa/cot) | <input type="checkbox"/> \$1,595.00 | <input type="checkbox"/> \$1,295.00 | \$ |
| <input type="checkbox"/> Single Occupancy | <input type="checkbox"/> \$1,250.00 | <input type="checkbox"/> \$950.00 | \$ |
| <input type="checkbox"/> Children's Second Room (2 children 18 and under) | <input type="checkbox"/> \$1,300.00 | <input type="checkbox"/> \$1,000.00 | \$ |
| <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"/> \$50.00 | <input type="checkbox"/> \$40.00 | \$ |
| <input type="checkbox"/> 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 5779 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@AGUDATHISRAEL.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