AGUDATH ISRAEL OF AMERICA – אגודת ישראל באמריקה
99TH NATIONAL CONVENTION REGISTRATION APPLICATION
Hilton Parsippany, NJ • Nov. 25th - Nov. 28th 2021 • כ"א כסלו - כ"ד כסלו תשפ"ב

JOIN US THANKSGIVING WEEKEND!

Note date & new location

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)* _____

Email _____ Spouse Email _____

Please Note: All Reservations are Subject to Confirmation

ACCOMMODATIONS & MEAL SERVICE			RATE*		
FULL CONVENTION PACKAGE — HILTON PARSIPPANY HOTEL			**THURS - SUN**	**FRI - SUN**	**TOTAL**
❑ Deluxe Room	(2 Double Beds)	(2 adults)	☐ $2,100.00	☐ $1,800.00	$ 0
❑ Preferred Room	(King Bed & Pull-out sofa/cot)	(2 adults)	☐ $1,800.00	☐ $1,500.00	$ 0
❑ Single Occupancy			☐ $1,395.00	☐ $1,095.00	$ 0
❑ Children's Second Room *(2 children 18 and under)*			☐ $1,500.00	☐ $1,200.00	$ 0
❑ Additional Adult(s) in Room *(including children over 12)*	0 ◯	1 ◉ 2 ◯	☐ $600.00	☐ $500.00	$ 0
❑ Additional Children Ages 2-12 *(sharing room with parents)*	0 ◯	1 ◉ 2 ◯	☐ $475.00	☐ $400.00	$ 0
❑ Babysitting *(per child during all sessions - nights & in-room service not included)*			☐ $100.00	☐ $75.00	$ 0

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

Agudath Israel of America 5782 Membership Dues — $54 ☐ I would like to become a Member $ 0

Total Amount Due $ 0

☐ 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. ❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

Card # _____ Exp Date ____ / ____

Signature _____ Security Code _____

Email Print

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 save 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 _____