

WOMEN OF REFORM JUDAISM – NORTHEAST DISTRICT
Second Biennial Convention
Albany Marriott Hotel, Albany, NY.
Friday, October 8 – Sunday, October 10, 2010

REGISTRATION FORM

Please make as many copies of this form as you need. Remember - Each sisterhood member attending the biennial should be listed on a separate form.

PLEASE PRINT CLEARLY AND FILL IN ALL FIELDS

NAME _____

ADDRESS _____

CITY _____ STATE/PROV _____ ZIP _____

TELEPHONE _____ E-MAIL _____

SISTERHOOD _____

I am a Sisterhood: President _____ Vice President _____

Other (please indicate position) _____

This is my first convention Yes _____ No _____

I am a District _____

***Convention begins with Friday lunch and ends with Sunday lunch and includes all meals.**

Section A: Hotel Information

Need a roommate? Check here _____ (We'll get back to you.)

Type of Occupancy: _____ Single _____ Double _____ Triple

I plan to room with: (1) _____

(2) _____

Number of Nights: _____ Two _____ One Circle which night(s) Friday Saturday

COST OF HOTEL ACCOMODATIONS AND MEALS:

PER PERSON (prices quoted in U.S. dollars)

	Single	Double	Triple
Fri/Sat night - 7 meals*	\$415.00	\$304.00	\$274.00
Either Fri or Sat Night – 4 meals*	\$225.00	\$180.00	

Section A Total \$ _____

Special Needs: accommodations, meals, other _____

All rooms are non-smoking

NAME _____

I would like to participate in the **Northeast District Choir!** I understand that I will need to attend rehearsal at **10:30AM on Friday, October 8.** Circle - Yes No.

SECTION B: TO BE COMPLETED BY ALL ATTENDEES:

REGISTRATION FEE: PLEASE NOTE REGISTRATION FEES ARE NON-REFUNDABLE

\$95.00 Early Bird Payment Discount (by August 27)

\$110 after August 27 (no exceptions)

Section B Total \$ _____

Section C:

**Optional early arrival on Thursday –
(no meals or activities are included
until Friday lunch)**

Single

\$112.00

Double

\$56.00

Triple

\$40.00

Section C Total \$ _____

Additional Meals for your guests coming to the Saturday Installation Banquet:

of people _____ @ \$40.00 each

Section D Total \$ _____

**TOTAL AMOUNT ENCLOSED: Payable to WRJ, Northeast District
(Section A + Section B + Section C + Section D)**

\$ _____

- All payments must be in U.S. Dollars, checks with routing numbers only - no credit cards accepted
- Refund policy – Registration fees are not refundable. All other fees are refundable 100% up until September 15, 50% September 16 – September 30, after September 30, no refunds will be given.

Mail completed REGISTRATION FORM and CHECK to:

**Cathy Sacks
27-01 167th Street
Flushing, NY 11358
718-463-8651
sacks1955@aol.com**

**A jam- packed weekend, made all the better because of you 😊
It's going to be a blast!!! Glad you will be joining us 😊**