



## REGISTRATION FORM

### Instructions

1. Please complete this registration form and return by email or fax to Marcus Frieze – **marcus@masortiolami.org** or +972-2-624-7677. If you have any questions, please send them by email, or call +972-2-621-7106. **Registration forms and deposits must be received by February 1, 2012.**
2. Registration forms must be filled out according to the number of rooms you wish to reserve (i.e. one double room is one form, 2 rooms (four persons) require two forms)
3. You are not required to provide flight information in this form. Please book your flights to/from Ukraine according to the dates shown on the itinerary. You will be asked to provide us with flight details after we receive your Registration Form.

### **Participant 1**

First Name		Last Name	
Date of Birth (please use format of day-month-year)			
Home address	City		State
	Zip		Country
Home phone number			Cell number
Passport Number			Passport Expiry Date (day-month-year)
Email address			
Secondary email address (ie. personal email if the first is work)			
Rooming configuration (ie. 1 double bed or 2 single beds)			

### **Participant 2**

First Name		Last Name	
Date of Birth (please use format of day-month-year)			
Home address (if same as Participant 1 leave address blank)	City		State
	Zip		Country
Home phone number			Cell number

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### Participant 2 (cont'd)

Passport Number		Passport Expiry Date (day-month-year)	
Email address			
Secondary email address (ie. personal email if the first is work)			
Relationship to Participant 1			
Rooming configuration (ie. 1 double bed or 2 single beds)			

### Participation & Travel Dates

*You are not required to provide flight information at this time. Please book your international flights according to the itinerary and give below your expected/tentative dates for arrival and departure so we can hold hotel rooms for you accordingly.*

Which of the following do you plan to participate in : <b>EITHER</b> the 7 Day trip to Odessa and Kiev <b>OR</b> the 5 Day trip only to Kiev	
If 7 Day trip, specify the date you plan to arrive in Odessa	
If 5 Day trip, specify the date you plan to arrive in Kiev	
What date do you plan to depart from Kiev	

### Prices & Payment

Trip	Includes	Price per person sharing a double room in US \$	Price per person in a single room in US \$
7 Day Trip	2 nights in Black Sea Privoz Hotel, Odessa* 3 nights in Radisson Blu Hotel, Kiev 1 night at Family Camp guesthouse 5 days of touring in Odessa 6 breakfasts 6 lunches 6 dinners Flight from Odessa to Kiev	\$1,290	\$1,750
5 Day Trip	3 nights in Radisson Blu Hotel, Kiev 1 night at Family Camp guesthouse 3 days of touring 4 breakfasts 4 lunches 2 dinners	\$690	\$1,050

*\* Some publicity showed Mozart Hotel in Odessa. This has now been changed to Black Sea Privoz Hotel instead.*

*The prices shown above are estimates based on the number of people we anticipate participating in the trip, and based on current exchange rates. There may be some fluctuation (up or down) in the price based on the final*

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*number of applicants and changes in exchange rates. Prices will be finalized in March 2012, and full payment will be due by April 1, 2012. Should you require additional services (eg. Additional nights in a hotel) we will add these to your final invoice. If you are not able to participate in the entire trip, you will be entitled to a reduction in the cost. This will be calculated and shown on your final invoice.*

*A deposit of **\$600 per person** is required for the 7-Day Odessa-Kiev Mission and **\$500 per person** for the 5-Day Kiev Mission. This deposit, minus a \$100 administration fee is refundable until February 1, 2012, after which time it is non-refundable. **Registration forms and deposit must be received by February 1, 2012.** Payment can be made by check or credit card – see below for further information.*

**Please enter your payment method and total deposit amount below.  
Then sign and print your name showing you agree to  
the terms and conditions mentioned above.**

Payment method <i>(check or credit card)</i>	
Total deposit amount	\$
Signature	
Print Name	

**Payment by check in US Dollars:**

Please make your check payable to World Council of Synagogues, and send to :  
Ukraine 2012 Mission, Masorti Olami, 3080 Broadway, New York, NY 10027

**Payment by Credit card in US Dollars:**

*Please note your credit card payment will be processed by Network For Good, our non-profit card processor, and a 3% surcharge will be added to cover our service fee.*

Please complete your credit card information below.

First Name		Last Name	
Credit card address			
City		State	
Zip		Country	
Name on Card			
Type of Card		Card #	
Expiry Date (month & year)		Security Code	