

JOFA & MERCAZ: THE BETH TFILOH DAHAN
CENTER FOR JEWISH LIFE AND LEARNING
Baltimore Regional Conference - December 19, 2004
Registration Form - Please respond by December 13, 2004

Please make _____ reservations @ \$36 per person

Registration at the door will be \$45

Please make _____ student reservations @ \$18 per person

Name of School _____

All registration fees include breakfast and lunch

I would like to sponsor _____ students at an additional \$18 per person *(All gifts over \$180 will be listed in the program)*

I would like to support the conference with an additional gift of \$_____ *(All gifts over \$180 will be listed in the program)*

I am unable to attend the conference but would like to contribute \$_____ *(All gifts over \$180 will be listed in the program)*

Name #1 _____

Address _____

City/State/Zip _____

E-mail _____

Home Phone _____ Work Phone _____

Name #2 _____

Contact information if different from above _____

Childcare - Number and ages of children _____

Vegetarian meal(s) requested _____

According to IRS regulations the conference registration fee is not tax deductible

Enclosed is \$_____ (please make check payable to JOFA)

Please charge my MasterCard/Visa/Amex (circle one)

Cardholder's Name _____

Account Number _____

Expiration Date ___/___/___

Mail completed registration form to:

JOFA 15 East 26th Street, Suite 915, New York, NY 10010