

FIFTH INTERNATIONAL CONFERENCE ON FEMINISM & ORTHODOXY

February 15-16 2004

REGISTRATION FORM

Please make ____ reservation(s) for:

		Registrant #1	Registrant #2
Full conference (includes 2 breakfasts, 2 lunches)	\$225	<input type="checkbox"/>	<input type="checkbox"/>
Full conference (includes 2 breakfasts, no lunches)	\$150	<input type="checkbox"/>	<input type="checkbox"/>
One day (includes 1 breakfast, 1 lunch)	\$125	<input type="checkbox"/>	<input type="checkbox"/>
One day (includes 1 breakfast, no lunch)	\$75	<input type="checkbox"/>	<input type="checkbox"/>
Student Rate (no meals)	\$50	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate name of school _____

There will be an additional \$25 fee for registrations received after February 1, 2004 (does not apply to Student Rate).

I would like to support the Conference with an additional gift of

\$1000* \$500* \$360 \$180 Other \$ _____

**Will be listed in the program*

I am not able to attend the Conference, but would like to contribute \$ _____

Enclosed is \$ _____. Please make check payable to Jewish Orthodox Feminist Alliance and mail with completed form to: **JOFA, 15 East 26th Street, Suite 915, New York, NY 10010.** You may also register by faxing completed form with credit card information to JOFA at **212-679-7428**, or on line at **www.jofa.org**.

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

Please charge my MasterCard/Visa/American Express (circle one):

Cardholder's Name _____

Account Number _____ Expiration Date ____/____/____

Signature _____

Name #1 _____

Address _____

City _____ State _____ Zip/Postal Code _____

Country _____ E-mail _____

Daytime Phone _____ Evening Phone _____

Name #2 _____

Please specify Address, Phone, etc. if different from above _____

For further information and availability of childcare,
please contact the Conference Hotline: **1-888-550-JOFA**,
email us at: **conference@jofa.org**,
or visit **www.jofa.org**

