

REGISTRATION FORM

Yaldeinu's Emerging Leaders Development Mission to Cuba April 11 – 18, 2010

Registration Deadline: March 1, 2010

Space is limited and registration will take place on a first come first served basis. First 12 registrants receive a \$500 sponsorship from Ve'ahavta, bringing the cost down to \$1,500!

Please return completed registration form by fax to Yaldeinu 905.482.3104

1. Personal Information:

Name (as it appears on your passport): _____

Phone: (h) _____ (c) _____ (w) _____

Email Address: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Gender: _____ Date of Birth: _____ Nationality: _____

2. Passport Information:

**Please note your passport must be valid for at least six months after return date, i.e. must be valid until October 18, 2010.*

Passport Number: _____ Issuing Country: _____

Expiration Date: _____ Do you hold any other passports? Yes No

3. Airline Information:

Aeroplan Number: _____ Seat Preference (not guaranteed) : _____

Special Requests (meals, etc.): _____

4. Emergency Contact:

Name: _____ Relationship: _____

Phone: (h) _____ (c) _____ (w) _____

YALDEINU

196 Citation Dr. Concord, ON L4K 2V2 | Telephone: 905.482.3374, Fax: 905.482.3104
admin@yaldeinu.org, www.yaldeinu.org

5. Special Needs/Meals Requests:

Special Dietary Requirements (i.e. vegetarian, food allergies, etc.) : _____

Important medical information (e.g. allergies, medications):

Please note you will be required to fill out an additional medical form prior to departure.

6. Hotel Reservation (requests not guaranteed)

- Single Room (additional single supplement of \$400)
- Double Room | Please name Roomate: _____
- Double Room | Please assign me a roommate
- Smoking (if available) Non-Smoking
- Low Floor for Shabbat

7. Costs/Payment

A 3% processing fee will be added if paid by credit card. Cheques preferred.

A \$500 non-refundable deposit will be charged at time of registration. Balance is due March 26, 2010 and will be charged automatically to your credit card unless otherwise requested.

- Visa
- Master Card
- Amex

Name on Card: _____

Card Number: _____

Expiry Date: _____ Security Code: _____

8. Signature:

Name (Please Print): _____

Signature: _____ Date: _____

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For more information, please contact Michael Ettetdgui | 905.482.3374, mettedgui@yaldeinu.org

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