

The 74th Hebrew University Board of Governors June 08-13, 2012



Operated by:
kenestours
a Kenes Group company

REGISTRATION FORM AFHU Please return this form by fax: 202-363-4651 or Email: imoskowitz@afhu.org

First Name: _____ Family Name: _____
 Title: Prof. Dr. Mr. Mrs. Ms. Miss. Please check: Governor Observer Staff Mission Member
 Spouse / Guest First Name: _____ Spouse / Guest Family Name: _____
 Title: Prof. Dr. Mr. Mrs. Ms. Miss. Please check: Governor Observer Staff Mission Member
 Address: _____ City: _____ State: _____, USA Zip Code: _____
 Phone: _____ Fax: _____ Cell: _____
 E-mail: _____

REGISTRATION FEE $\$850$ per person X ___ participants = \$ _____ **Total registration fee** Payable directly to AFHU.
 If you pay by credit card this will be reflected.

CARMEN pre-board program Thursday, June 7th, 2012 (For BOG registrants only)
 $\$445$ per person X _____ participants = \$ _____

REGISTRATION POLICIES - INCLUDED IN THE REGISTRATION FEE: Participation in all sessions ,events and materials, field trips and walking tours. NOT INCLUDED IN THE REGISTRATION: Travel to and from Israel, airport taxes, airport transfers, VIP assistance at the airport, passport and visa fees, border taxes when applicable, hotel accommodations, personal expenses (i.e. laundry, valet service, cables, telephone calls, postage, etc.), tips to drivers, guides, tour escorts and other services not indicated elsewhere in the BOG materials. **REGISTRATION CANCELLATION POLICY** All cancellations must be faxed, e-mailed or post-marked to Kenes Israel Holdings. Refund is 100% for cancellations received prior to April 10, 2012. Refund is 50% for cancellations received prior to May 8, 2012. There is no refund for cancellations after May8, 2012.

HOTEL ACCOMMODATIONS
 I/We will not be needing hotel accommodations.

Check-in date: _____
 Check-out date: _____
 Sharing the room with: _____
 Special requests: _____

To guarantee your hotel reservation at special conference rates, please return this form to us **ASAP**.
 *All hotel rates quoted are per night in US \$ and include tax and a full Israeli breakfast.
 *A deposit of one night's stay will be charged by Kenes Israel Holdings upon registration, and is refundable up to **60 days** before the conference. The remaining balance will be charged by Kenes Israel Holdings **30 days** prior to start of Conference .
 Please note: Check-in is at 3:00pm; Check-out is at 12:00pm.
 * Notice to couples and room-sharing delegates: Only one of you needs to reserve the double room.
 ** The David Citadel hotel policy excludes Saturday check-ins and check-outs. If you wish to check-in on a Saturday, you will have to pay for the Friday night.
 If you check-out on a Saturday, you will also have to pay for the Saturday night.

	Single	Double
KING DAVID		
DELUXE NEW CITY Floors 1-4	<input type="checkbox"/> \$ 449	<input type="checkbox"/> \$ 468
DELUXE NEW CITY Floors 5-6	<input type="checkbox"/> \$ 492	<input type="checkbox"/> \$ 511
DELUXE OLD CITY Floors 1-4	<input type="checkbox"/> \$ 624	<input type="checkbox"/> \$ 643
DELUXE OLD CITY Floors 5-6	<input type="checkbox"/> \$ 677	<input type="checkbox"/> \$ 696
MINI SUITE (Formerly EXE. Old City)	<input type="checkbox"/> \$ 948	<input type="checkbox"/> \$ 948
GARDEN	<input type="checkbox"/> \$ 936	<input type="checkbox"/> \$ 936
DAVID CITADEL **		
SUPERIOR	<input type="checkbox"/> \$ 402	<input type="checkbox"/> \$ 420
DELUXE OLD CITY	<input type="checkbox"/> \$ 534	<input type="checkbox"/> \$ 552
ALCOVE DELUXE OLD CITY	<input type="checkbox"/> \$ 600	<input type="checkbox"/> \$ 618

TRAVEL ITINERARY * Please use the 24-hour clock (e.g. 17:30, not 5:30pm)
Arrival Flight: _____ **Departure Flight:** _____
 Airline & Flight#: _____ Airline & Flight#: _____
 Date (arrival in Tel Aviv): _____ Date (departure from Tel Aviv): _____
 Estimated arrival time*: _____ Estimated departure time*: _____

Other Jerusalem hotel prices are available upon request

PAYMENT All payments should be made in US\$.
 Please choose your method of payment: *Please pre-advise your credit card company of the charge, to avoid security issues that may arise.
Credit Card: MasterCard Visa Diners Amex
 Card number: _____
 Name (as appears on card): _____
 Expiration date: _____
 Security digits (on back of card): _____
Bank Transfer: Please make draft payable to **Kenés Israel Holdings** Bank Leumi Le Israel , Branch 654 Alonim Business Branch. 65 Igal Alon Road, Toyota Building, Tel Aviv
 Account number: 321000/15
 IBAN: IL75010654000032100015
 SWIFT: LUMIILITXXX BIC: 10654
Important: All bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.
Signature: _____
 By completing and submitting this form you authorize Kenes Israel Holdings to charge your account the total listed above for services ordered.

Total Hotel: ___ Nights X \$ _____ = \$ _____

HOTEL CANCELLATION POLICY
 All changes/cancellations must be received in writing by fax or e-mail to Kenes Tours.
 Up to **60 days** prior to arrival - Refund is 100%. Between **59 – 30 days** prior to arrival 1 night's stay. Less than **30 days** and in the event of non-arrival, payment will be non refundable.

OPTIONAL SERVICES

Transfers
Arrival flight: *Departure flight:*
 From the airport to Jerusalem (1-2 pax) **\$110** From Jerusalem to the airport (1-2 pax)
 From the airport to Jerusalem (3-7 pax) **\$150** From Jerusalem to the airport (3-7 pax)
 From the airport to Tel Aviv (1-2 pax) **\$65** From Tel Aviv to the airport (1-2 pax)
 From the airport to Tel Aviv (3-7 pax) **\$104** From Tel Aviv to the airport (3-7 pax)

VIP assistance
Arrival flight:
 From sleeve of plane (1-4 pax) **\$130** From passport control (1-4 pax) **\$115**
Departure flight:
 To sleeve of plane (1-4 pax) **\$130**
 To passport control (1-4 pax) **\$115**

Friday Night Dinner (for outside guests only)
 \$120 per person X _____ participants
 Total Friday Night Dinner \$ _____
Total Optional Services: \$ _____