

# Institute of Israel Studies



Participant Registration

May10–May22, 2020

1. Full Name as it appears in your passport: *(write all dates in full. e.g. May 12, 2016)*

*Title* *Last Name (Surname)* *First Name* *Birth Date*

2. Name Tag: How your name should appear on the tag? *Essential Information!*

3. Contact Details: *(add area code to telephone numbers)*

*Street/Postal Box* *City* *State/Province/Code*

*Country* *Day Telephone* *Evening Telephone*

*Fax* *E-mail*

4. Passport Information:

*Passport Number* *Date of Issue* *Date of Expiration* *Country*

5. Roommate Preference: *\*In the event a roommate cannot be provided, the participant will need to pay for Single Supplement.*

☐ Single Supplement ☐ Double Occupancy\* Preferred Roommate: \_\_\_\_\_

6. Flight Details:

*Airline Carrier* *Flight Number* *Arrival Date & Time (in 24 hr. time)* *Departure Date & Time*

7. Special Needs: ☐ Dietary ☐ Physical ☐ Medical

Explanation: \_\_\_\_\_

8. Additional Comments: \_\_\_\_\_