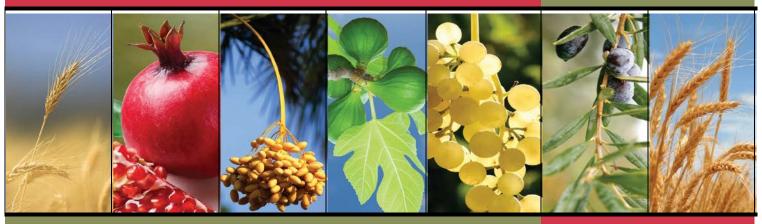
Institute of Israel Studies



Participant Registration

May10-May22, 2020

1.	ull Name as it appears in your passport: (write all dates in full. e.g. May 12, 2016)		
	Title Last Name (Surname)	First Name E	Birth Date
2.	Name Tag: How your name should appear of	on the tag? Essential Information!	
3.	Contact Details: (add area code to telephone n	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 Occup	pancy* Preferred Roommat	e:
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:		