

Institute of Israel Studies



Participant Registration

May 23–June 4, 2021

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* *Date of Birth*

2. How should your name appear on your name 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 *Email*

4. Passport Information:

Passport Number *Date of Issue* *Expiration Date* *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: _____