

confirmed fee by e-mail + phone call to Susan
check # 789

**29th Annual WFJCSHD International
Conference**

Israel Conference 2017

DAN Hotel, Mount Scopus, Jerusalem

Sunday, November 5 – Wednesday, November 8, 2017

CONFERENCE REGISTRATION FORM [Please print clearly.]

Primary Participant: Last Name, First Name: PRAWDA, JANE

Street Address: 400 E. 56th St, 45, N.Y, N.Y 10022

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone (Country/Area Code): Home/work: 646-998-4037 mobile: 646-599-1766

Email: janej.prawda@hotmail.com

Country of Birth: USA Year: 1953 Original/maiden name: PRAWDA

Which languages do you speak? English

Food Requirements (all meals will be kosher)

☐ Vegetarian ☐ Special dietary needs due to allergies, please specify: no beef, dairy + G3hok

Special Needs:

☒ Need room to accommodate mobility issues (walker or wheelchair) hearing aids (don't need loop)

Member of:

☐ World Federation of Jewish Child Survivors of the Holocaust & Descendants ☐ YESH ☐ GSI ☐ KTA
☒ Other/None Lifetime Hadasah (please specify)

Please check ALL that apply: ☐ Hidden Child ☐ Camp Survivor ☐ Kindertransport ☒ Second Generation
☐ Third Generation ☐ Non-survivor spouse/partner ☐ Other/none (specify) _____

Have you attended any WFJCSHD Conferences before? ☐ Yes ☒ No

Do you wish to be listed in the Attendees' Book? ☒ Yes ☐ No

The Attendees' Book includes names, addresses, telephone numbers, and email addresses.

Are you staying at the hotel? ☒ Yes ☐ No (Be sure to make your hotel reservation before May 31, 2017 to guarantee your space at the hotel.) Note: If you are interested in sharing a room with another person attending the conference, contact Susan Dubin. Susan will do her best to help match you with another attendee looking for a roommate.

Rooming with: _____ Need a roommate? ☐ YES ☐ NO

Emergency contact name & phone number:

Eliot Prawda brother 201-887-0161

Do you wish to have a Bar or Bat Mitzvah ceremony at the Kotel? ☐ YES ☒ NO NOTE: Ceremony will be on 11/8 at 11 AM after the close of the Conference, includes lunch, and can only accommodate the first 100 who register.

Will you go to the Knesset? ☐ YES ☒ NO (Passport required) **Yad VaShem** (on Wednesday afternoon) ☐ YES ☐ NO
(Please fill out Page 3, for additional participant. You may copy this form for more than one additional participant)

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29th Annual WFJCSHD International Conference
DAN Hotel, Mount Scopus,
Jerusalem, Israel

Conference Payment Form

Primary Participant: Last Name, First Name: PRAWDA, JANE

Additional Participant(s): Last Name, First Name: _____

Conference Fee:

\$375.00 USD/person on or before 5/31/2017

\$400.00 USD per person 6/1/2017-8/31/2017 - sent email to confirm special rate.

\$425.00 USD per person after 9/1/2017

Fee includes all meals (3 private breakfasts, 2 lunches, 3 dinners), all sessions, materials and events.

\$100.00 USD/person for a one day pass (includes all meals and activities on that day)

\$50.00 USD/person for welcome dinner

Conference Participants:

☐ participants x \$375.00 USD/person = \$ _____

For conference registration on or before 5/31/17

☐ participants x \$400.00 USD/person = \$ 400

For conference registration 6/1/2017 - 8/31/2017

☐ participants x \$425.00 USD/person = \$ _____

For conference registration after 9/1/2017

☐ participants x 100.00 USD/person (add \$25 after 5/31) = \$ _____

For one day pass. Please indicate which day: _____

(NOTE: (Monday may involve trip to the Knesset with fewer workshops)

☐ participants x 50.00 USD/person = \$ _____

For welcome dinner

☐ Israeli Citizens and those not staying at the hotel VAT charge on meals (\$40 each person) \$ _____

****Registration fee is refundable up until October 1, 2017.**

Voluntary Contribution to the Steven Adler Fund: \$ _____

Total Amount Due: \$ 400

Method of Payment (please check one):

☒ **Check** (Please make payable to: **WFJCSHD Israel 2017**.) Checks must be in USD from a United States bank. Please write the name of participant(s) on the check memo line. Mail to address below.

☐ **Online payment with credit card** using PayPal through the website, <http://www.holocaustchild.org>. Click on "Israel Conference Registration and Donations," and pay by following the links. You do not need a PayPal account to pay online.

Please indicate name on credit card _____ & date of payment _____

Please complete all sections of the Conference Registration Form (Page 2, and Page 3 only if applicable) & Conference Payment Form (Page 4) and mail with your check to:

WFJCSHD – Israel 2017

c/o Susan Dubin

2160 Twin Falls Drive

Henderson, NV 89044, USA

Or, if you are paying online using PayPal, indicate your method of payment above and either mail your Conference Registration and Payment forms to the mailing address above OR email scanned copies of your forms to: susandubin48@gmail.com.

REMEMBER TO MAKE HOTEL RESERVATIONS AT <https://www.tendiz.tech/forms/gsi2017/#/>