



REGISTRATION FORM

Space is Limited. Register today!

Please complete this form and return to:

**Meretz USA
114 West 26th St. Suite 1002
New York, New York 10001**

If you're paying by credit card, please be sure to sign your name where indicated.

Yes! I'd like to join the 2009 Meretz USA Israel Symposium from March 14-21, 2009

Enclosed is my deposit of **\$500/per person** for a
 single room (\$2,500 total) double room (\$2,200 total) **check one**

All deposits are due by **January 20th** and are fully refundable until **February 17th**. Total payment due by **February 17th**.

Enclosed is my check for \$ _____ payable to Meretz USA

Please charge my credit card: Mastercard Visa Amex Discover in the amount of \$ _____

Card # _____ Exp Date _____

Signature _____
(please provide name as it appears on card)

Required Contact Information:

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____ State _____ Zip _____

Names of others being registered at this time:
