

L'CHAIM INTERNATIONAL PRO-LIFE
CONFERENCE IN ISRAEL
25 MARCH - 2 APRIL, 2007

Registration Form

*please fill in the form and make a copy for your own use
Register before February 1st, 2007*

Name _____
Mr/Mrs/Miss Last First

Name _____
Spouse Last First

Address _____

City _____ Zip/Postal Code _____

State/Country _____

Email _____

Tel _____

Additional Information _____

_____ \$ € £
Nr. of participants Payment currency

Prayer Tour and Conference _____
\$ 500 (€ 400 / £ 270) per person amount

Conference Only _____
\$ 250 (€ 200 / £ 135) per person amount

Additional single room supplement _____
\$ 15 (€ 12 / £ 8) per person per night amount
Full conference : 8 nights
Conference only: 4 nights

Payment _____ Total conference fee

cheque (payable to Be'ad Chaim Association)

bank transfer (request info at the Be'ad Chaim office)

Send this form plus full amount to:

Be'ad Chaim Association,
c/o L'Chaim conference,
P.O.Box 7974 Jerusalem, 91078, Israel
Phone/Fax: +972 2 6242516
Email: prolife@netvision.net.il

L'CHAIM INTERNATIONAL PRO-LIFE
CONFERENCE IN ISRAEL
25 MARCH - 2 APRIL, 2007

Registration Form

*please fill in the form and make a copy for your own use
Register before February 1st, 2007*

Name _____
Mr/Mrs/Miss Last First

Name _____
Spouse Last First

Address _____

City _____ Zip/Postal Code _____

State/Country _____

Email _____

Tel _____

Additional Information _____

_____ \$ € £
Nr. of participants Payment currency

Prayer Tour and Conference _____
\$ 500 (€ 400 / £ 270) per person amount

Conference Only _____
\$ 250 (€ 200 / £ 135) per person amount

Additional single room supplement _____
\$ 15 (€ 12 / £ 8) per person per night amount
Full conference : 8 nights
Conference only: 4 nights

Payment _____ Total conference fee

cheque (payable to Be'ad Chaim Association)

bank transfer (request info at the Be'ad Chaim office)

Send this form plus full amount to:

Be'ad Chaim Association,
c/o L'Chaim conference,
P.O.Box 7974 Jerusalem, 91078, Israel
Phone/Fax: +972 2 6242516
Email: prolife@netvision.net.il

L'CHAIM INTERNATIONAL PRO-LIFE
CONFERENCE IN ISRAEL
25 MARCH - 2 APRIL, 2007

Registration Form

*please fill in the form and make a copy for your own use
Register before February 1st, 2007*

Name _____
Mr/Mrs/Miss Last First

Name _____
Spouse Last First

Address _____

City _____ Zip/Postal Code _____

State/Country _____

Email _____

Tel _____

Additional Information _____

_____ \$ € £
Nr. of participants Payment currency

Prayer Tour and Conference _____
\$ 500 (€ 400 / £ 270) per person amount

Conference Only _____
\$ 250 (€ 200 / £ 135) per person amount

Additional single room supplement _____
\$ 15 (€ 12 / £ 8) per person per night amount
Full conference : 8 nights
Conference only: 4 nights

Payment _____ Total conference fee

cheque (payable to Be'ad Chaim Association)

bank transfer (request info at the Be'ad Chaim office)

Send this form plus full amount to:

Be'ad Chaim Association,
c/o L'Chaim conference,
P.O.Box 7974 Jerusalem, 91078, Israel
Phone/Fax: +972 2 6242516
Email: prolife@netvision.net.il