

REGISTRATION FORM

Jewish Educators Assembly - 58th Annual Conference - Washington, D.C.

Sunday, January 24 - Wednesday, January 27, 2010

Marriot Inn and Conference Center, College Park, MD

Name: _____
Last First MI
 Mrs. Mr. Cantor
 Ms. Rabbi. Dr.

Home Address: _____
Number & Street City State Zip

Home Phone: (____) _____ Home Fax: (____) _____ Home E-Mail: _____

Organization/Synagogue/School _____

Position/Title: _____

Work Address: _____
Number & Street City State Zip

Work Phone: (____) _____ Work Fax: (____) _____ Work E-Mail: _____

Cell Phone: (____) _____ *Is this your first JEA Conference? ___Yes ___No*

I work in the following educational setting(s): *(check all that apply)*

___ Family Education ___ Early Childhood ___ Summer Camp
___ Day School ___ Bureau or Agency ___ Informal Education
___ Congregational School ___ Academic ___ Other _____

CONFERENCE REGISTRATION FEE:

Early Bird (Register Prior to 12-1-09) ___ JEA Member* \$250 ___ Non-member \$450
Regular ___ JEA Member* \$350 ___ Non-member \$550

**To receive member rate, all dues must be current including the 2009-2010 year.
(Commuters do not pay this Conference Registration Fee. For commuter fees, see page 2)*

CONFERENCE REGISTRATION FEE: \$ _____

HOTEL, MEALS, AND PROGRAM (JAN. 24-27):

(Includes room and meals beginning with dinner on night of arrival and ending with breakfast on departure date)

DATE OF ARRIVAL ___/___/___ DATE OF DEPARTURE ___/___/___

	<u>1 DAY</u>	<u>2 DAYS</u>	<u>3 DAYS</u>
Single Occupancy	___ \$545	___ \$895	___ \$1,245
Double Occupancy	___ \$425	___ \$775	___ \$1,070
Spouse/Partner/Companion (Name: _____)	___ \$425	___ \$775	___ \$1,070

Optional Add-On Days: ROOM ONLY – NO MEALS

___ **FRI. NIGHT, January 22** ___ **SAT. NIGHT, January 23** ___ **WED. NIGHT, January 27**
 ___ \$125 - Single Occupancy ___ \$125 - Single Occupancy ___ \$125 - Single Occupancy
 ___ \$62.50 - Double Occupancy ___ \$62.50 - Double Occupancy ___ \$62.50 - Double Occupancy

TOTAL HOTEL FEES: \$ _____

INDIVIDUAL PREFERENCES/REQUESTS:

All rooms are non-smoking

Roommates: ___ Please assign a roommate for me.
 ___ I will be sharing a room with: (Name) _____
(Please check with potential roommate prior to listing on this form.)

Dietary: ___ Vegetarian ___ Other _____

(continued on reverse...)

COMMUTER FEES: (Commuters do not pay the Conference Registration Fee on page 1; they do pay the Commuter Registration Fee as noted below.)

___ **** ALL COMMUTERS ADD: Commuter Registration Fee: \$36.00 for JEA members; \$72.00 for non-members**

___ **Sunday, Jan. 24 - \$100:** Featured Speaker, Dinner, Evening Program; 3pm – 10pm

___ **Monday, Jan. 25 - \$136:** Morning Sessions, Lunch, Afternoon Sessions; 9:15am – 5:15pm

___ Dinner at the Hotel; 6:00pm - **\$75 additional**

___ Evening Program and Reception, Ratner Museum; 8:00pm - **\$25 additional**

___ **Tuesday, Jan. 26 - \$136:** Morning Session at the U.S. Holocaust Memorial Museum,

Lunch, Afternoon Sessions; 9:00am – 5:00pm

___ Dinner at the Hotel; 6:00pm - **\$125 additional**

___ **Wednesday, Jan. 27 - \$75:** Limud, Brunch, Featured Speaker; 8:45am - 11:30am

TOTAL COMMUTER FEES: \$ _____

A DEPOSIT equal to one day’s hotel fee, plus the conference registration fee, must accompany your completed registration form to secure your registration. Commuters please submit full payment with application.

TOTAL AMOUNT DUE: \$ _____

(Please add all amounts)

Balance is due by January 8, 2010.

AMOUNT ENCLOSED: \$ _____

BALANCE DUE: \$ _____

Method of Payment

Payment may be made by check or credit card. All checks, payable to the Jewish Educators Assembly, must be in U.S. dollars and drawn against a bank in the U.S. For payment by credit card, complete the following (**PLEASE PRINT CLEARLY**):

___ MasterCard ___ Visa ___ American Express

Acct #: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

Expiration Date: ____ / ____ Three or four digit security code from back of card: _____

Your name **AS IT APPEARS ON THE CREDIT CARD:** _____

CREDIT CARD BILLING ADDRESS: _____

(**Billing Address info must be correct **and** complete to process your form.) Number & Street City State Zip

Return this form along with your check or credit card information to:

Jewish Educators Assembly Broadway and Locust Avenue, P.O. Box 413, Cedarhurst, NY 11516

CANCELLATION POLICY: Cancellation must be received at the JEA office by January 20, 2010. 50% of the Registration Fee/Commuter Registration Fee paid will be returned; the other 50% is non-refundable. If your arrival is later or departure earlier than the date indicated on the registration form, you must notify the JEA and the hotel 72 hours in advance of the change, otherwise you will forfeit one day’s charge for food and lodging. **ROOM ASSIGNMENT:** If a double occupancy room is not filled, the JEA reserves the right to reassign the remaining occupant to another double room. You are obligated to inform the desk and JEA by 5:00pm on your day of arrival if you have no roommate. Otherwise you will be charged the full single room rate.

REGISTRANT’S SIGNATURE: _____

NOTE ABOUT T’FILOT: For services at the conference, please let us know how you would like to be involved:

I would like a role in: Shacharit Mincha Ma’ariv Hamotzi Birkat Hamazon Kriat HaTorah

For more information, contact: **JEA CONFERENCE**
Broadway and Locust Avenue, P.O. Box 413, Cedarhurst, NY 11516
Phone: (516) 569-2537 Fax: (516) 295-9039
E-mail: Jewisheducators@Jewisheducators.org
Web-site: www.Jewisheducators.org

