



Reconstructionist Rabbinical Association 2010 Convention



Hampton Inn and Suites New Orleans Convention Center
Sunday, March 14 – Thursday, March 18, 2010
www.therra.org

A. Registration Form – Please Print or Type: Registration forms are due by **February 16, 2010**

Name: _____ Professional Position: _____

Preferred Mailing Address: _____

City, State, Zip: _____

Day phone: _____ Fax: _____ Email (Required): _____

B. Meal Plan

You must register in advance for all convention meals. Daily hotel breakfast is included with hotel reservation, but is not under RRA supervision (There are many cold items available: cereal, fruit, etc.) All RRA group meals will feature vegetarian and/or fish entrées. All RRA group meals will also be under RRA Kashrut supervision for ingredients (not *kelim*), using an RRA member to supervise food preparation.

Please check off the meals you will attend (Prices include service charge and tax):

Meal	Cost (per person)	# of People	Total for Meal
Sunday, March 14, 2010 - Dinner	\$40.00		= \$
Monday, March 15, 2010 – Boxed Lunch (for off-site Community Service)	\$18.00		= \$
Monday, March 15, 2010 – Dinner	\$40.00		= \$
Tuesday, March 16, 2010 – Lunch	\$28.00		= \$
Tuesday, March 16, 2010 – President’s Reception	\$15.00		= \$
Wednesday, March 17, 2010 –Lunch	\$28.00		= \$
Sub Total for Meals			\$

I require vegetarian meals only (no fish)

Please note any other special dietary needs: _____

C. Lodging Information

Hampton Inn & Suites * 1201 Convention Center Blvd. * New Orleans, LA 70130

Standard: One king or two queen beds, a mini-refrigerator, microwave, coffee maker, high speed internet access (included), alarm clock/radio.

Suite: One king bed and one sofa bed, full kitchen with cook top stove, dishwasher, refrigerator and microwave, high-speed internet access (included), alarm clock/radio. There are a limited number of one-bedroom suites with separate bedroom and living room areas, available on a first-come, first-serve basis.

Hotel reservations include a full daily breakfast buffet.

Room rates are before applicable taxes, currently 13%, which are subject to change. There is a flat charge of \$1.00 per room per night occupancy.

Arrival Date: _____ Departure Date: _____ # of Nights: _____

Standard - \$189.00 **Suite - \$239.00**

Rates are based on Single/Double Occupancy. There is no charge for 3rd or 4th person in a room, however there is a \$15.00 charge per rollaway.

Bed Preference: King 2 Queen Beds (Standard Room Only)

I will be sharing a room with: _____

Special Room Requests: _____

Please note that requests will be noted but can not be guaranteed.

Childcare: We need to know if there is a need for child care. Please let us know not later than Friday January 29 if you plan to bring children, how many children would require child care, and the dates you anticipate needing this service.. We are required to arrange these services through a commercial child-care agency that works with the hotel. Once we know if we have a need we will re-contact parents with specific information as to availability. Provide information here:

of children requiring care: _____

Dates when child care service will be needed: _____

D. Additional Activities

Monday, March 15, 2010: "Beacon of Hope" day of Community Service \$15.00 per person

E. Fee Calculation:

FEES PER ITEM	QUANTITY	TOTAL FEE
Registration Fee: \$250 per member (RRC Student Affiliate registration \$36)		\$
Total from Meals Section: (See Section B Above)		\$
"Beacon of Hope" Community Service Day: \$15.00 per person		\$
One Night Room Deposit Guarantee: <input type="checkbox"/> Standard Room - \$189.00 <input type="checkbox"/> Suite - \$239.00		\$
Total Amount		\$

PAYMENTS

PAYMENT BY CHECK: I have enclosed a check for \$ _____ which includes a one-night hotel deposit.

PAYMENT BY CHECK AND HOTEL GUARANTEE TO CREDIT CARD: I have enclosed a check for \$ _____ which does not include the hotel deposit. Please guarantee my one-night hotel deposit with my credit card.

PAYMENT BY CREDIT CARD: Please charge my registration fees and guarantee my hotel deposit to my credit card.

VISA MASTERCARD AMEX DISCOVER

Name on card: _____ Billing Address: _____

Card Number: _____ Security Code: _____ Exp: _____

Signature: _____

Please return forms and checks (*payable to AYELET TOURS*) by February 18, 2010 to:
Ayelet Tours, Ltd.
 19 Aviation Rd * Albanv, NY 12205 *Phone 800-237-1517 * Fax 518-783-6003

Cancellation Policy: Ayelet Tours charges a \$50.00 cancellation penalty for all hotel reservations cancelled. In addition, the hotel charges a one-night penalty for all cancelled reservations within 72 hours of arrival, or for any no shows. Ayelet Tours must receive all changes and cancellations in writing. All changes and cancellations received after 4:00 PM EST, Mon-Fri, will be processed as if received the next business day. All special requests will be noted, but can not be guaranteed.

