

**CATHOLIC / JEWISH CANTORS CONFERENCE AT THE VATICAN
2010 - REGISTRATION FORMS**

To Register: Please complete the registration form below. Please list all members traveling together. Please complete and attach additional registration forms with payment information. All forms and payment must be received by IIC

Total number of people in your party: _____ Total number of rooms: _____

Participant 1 - Please Print

Participant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Participant Telephone (day) _____

(night) _____ (mobile) _____

Fax Number: _____ Date of birth: _____

Passport information (for international travel and participants not of US origin)

Name (as shown on Passport): _____

Passport number: _____ Nationality: _____

Date & city of issue: _____ Expiration date: _____

Additional members traveling with

Religious membership & name of institution:

Accommodations: Please specify your bed sleeping preference per room (2 beds , 1 bed (share), no preference * Please note bed preference is based on availability.

Emergency contact & contact number: _____

Participant 2 - Please Print

Participant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Participant Telephone (day) _____

(night) _____ (mobile) _____

Fax Number: _____ Date of birth: _____

Passport information (for international travel and participants not of US origin)

Name (as shown on Passport): _____

Passport number: _____ Nationality: _____

Date & city of issue: _____ Expiration date: _____

Additional members traveling with

Religious membership & name of institution:

Accommodations: Please specify your bed sleeping preference per room (2 beds , 1 bed (share), no preference * Please note bed preference is based on availability.

Emergency contact & contact number: _____

- Initial deposit of \$500 per person must be received in order to reserve your space.
- Final payment is due 60 days prior to departure in order to confirm participation. Your reservation is subject to cancellation if final payment is not received 60 days prior to departure.
- We encourage all participants to take out trip cancellation
- Upon receipt of deposit and or payment a final invoice will be e-mailed, faxed or mailed.
- Checks are to be made out to IIC

Please complete this form and mail it with your deposit to:

IIC
PO Box 1443
Port Washington, NY 11050

Questions: Please feel free to contact us at 516-883-2487

**INTERRELIGIOUS INFORMATION CENTER
REGISTRATION, TERMS & CONDITIONS**

- Payment Schedule:** A deposit of \$500 per participant must be submitted together with the application form (We encourage all participants to take out trip cancellation and interruption insurance). Please make checks payable to IIC. Upon receipt of your registration form you will receive a final invoice with your balance due.
- Cancellations:** Any cancellations must be submitted IN WRITING to this office. For cancellations made more than 65 days prior to departure, a fee of \$200 will be retained. Between 64 and 31 days prior to departure a fee of \$500 will be retained. . Within 30 days of departure – no refund. IIC is not liable for any other costs outside of the amount of the tour costs submitted to IIC associated with the planning of the participants trip including airfare, additional hotel stays, etc.
- Travel Insurance:** IIC strongly recommends that all participants take out insurance coverage for trip cancellation, trip interruption, accident and medical insurance.
- Medical Declaration:** All participants must be fit to travel and are not traveling contrary to medical advise. All pre-existing medical conditions, which may require treatment during the tour must be declared. All travelers must have ample medical insurance to cover any costs associated with pre-existing conditions or medical assistance that may be required during travel. All medical costs are the responsibility of the participants.
- Final Instructions:** IIC travel kit including travel times, hotel telephone numbers, what to bring etc., will be available via web site or mailed to each participant approximately three weeks prior to departure.
- Please:** Contact IIC office at 516-883-2487 if further information is required.

By signing this document I hereby agree to all terms and conditions described in the above general information concerning payment / fee schedule, cancellations and refunds .

1. Signature: _____ Print Name _____ Date _____
2. Signature: _____ Print Name _____ Date _____
3. Signature: _____ Print Name _____ Date _____
4. Signature: _____ Print Name _____ Date _____
5. Signature: _____ Print Name _____ Date _____
6. Signature: _____ Print Name _____ Date _____