



Friends of the Israel Museum Visit to the Venice Biennale

SEPTEMBER 7-10, 2017

REGISTRATION FORM

*Please note that space on this trip is limited.
Preference will be given to annual donors of \$1250 or more.*

To: Judith Amselem
Email: ja@imj.org.il
Phone: +972-2-670-8861, Fax: +972-2-670-8993

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

Tel: _____ Fax: _____ E-mail: _____

We will be _____ persons joining the trip

NAMES OF ADDITIONAL PARTICIPANTS:

Address (if different):

Tel: _____ Fax: _____ Email: _____



PAYMENT

I/we prefer to pay the registration fee of €3,500 (Canadian dollar equivalent) per person.

- By check or money order
- By bank transfer
- By credit card:

Credit Card Company: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

- For U.S. residents, through AFIM (Fax: 212-997-5536 / kelly@afimnyc.org)
- For Canadian residents, through CFIM (**Phone: 416-901-2231 / cfim@rogers.com**)

Please confirm registration with us prior to booking your flight.

Signature: _____



HOTEL RESERVATION FORM

To: Judith Amselem
Email: ja@imj.org.il
Phone: +972-2-670-8861, Fax: +972-2-670-8993

A block of rooms at a special group rate has been booked at the Europa and Regina Hotel, Venice:
San Marco 2159 · Venezia, 30124 · Italia • Telefono: +39 041 2400001 • Fax: +39 041 5231533

Room Type	Price per Room per Night
<input type="checkbox"/> Premium Venetian View	€ 650 (Double-room rate)
<input type="checkbox"/> Canal Grand View	€ 999

Please note that rates include 10% VAT, buffet breakfast, and indoor portorage.

Tourist tax (5 euros per person) is NOT included in the price.

Check-in time: 3:00pm, check-out time 10:00 am

Cancellation policy: The Hotel will ensure these rates until April 30. From May 1, the entire room fee must be paid.

Check in: _____ at (estimated time): _____

Check out: _____ Number of Nights: _____

We will be making our own hotel arrangements and will be staying at:



Credit Card Details for Hotel Reservation:

Credit Card Company: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Special Dietary Requirements:

- Vegetarian
- Vegetarian no fish