

66th IFLA General Conference
13-18 August 2000 **Jerusalem**

REGISTRATION FORM

**PLEASE COMPLETE IN BLOCK LETTERS AND RETURN BY
1 JULY 2000 TO:**

IFLA 2000 Secretariat

Peltours-Te'um Congress Organisers

POB 52047, Jerusalem 91520

Street Address: 9 HaUman St., Suite 207, Jerusalem 93420, Israel

Tel: +972 2 648 1245

Fax: +972 2 648 1305

E-mail: teumcong@netmedia.net.il

PARTICIPANT:

Last (Family) Name: _____

First Name: _____ Title (Mr., Ms.): _____

Company/Institution: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

ACCOMPANYING PERSON(S)

1: Last Name _____ First Name: _____

2: Last Name _____ First Name: _____

3: Last Name _____ First Name: _____

Others: _____

1. REGISTRATION FEES

Before 15 May 2000:

Participant US\$ 375

Accompanying Person US\$ 200

After 15 May 2000:

Participant US\$ 425

Accompanying Person US\$ 250

2. LANGUAGE PREFERENCE

English French German Russian Spanish

3. IS THIS YOUR FIRST IFLA CONFERENCE? YES NO

4. ARE YOU A MEMBER OF IFLA: YES NO

If yes please provide your membership number: _____

5. LIBRARY VISITS

Please indicate your first and second priority and your preference for a half-day or full-day visit

I: National/Government

II: Judaica Libraries

III: Religious Institutions

IV: Academic Libraries

V: Public Libraries

VI: School Librarie

First Choice (1): _____ Second Choice (2): _____

I prefer: Half Day Full Day

6. ACCOMMODATION

Prices are **per room, per night** and include a special Israeli buffet breakfast and all service charges.

Deposit of one night's accommodation per room required with this form.

	Double Room (2 persons)	Single Room
Crowne Plaza * +	US\$ 190 <input type="checkbox"/>	US\$ 162 <input type="checkbox"/>
King Solomon +	US\$ 162 <input type="checkbox"/>	US\$ 150 <input type="checkbox"/>
Renaissance * +	US\$ 140 <input type="checkbox"/>	US\$ 116 <input type="checkbox"/>
Royal * +	US\$ 115 <input type="checkbox"/>	US\$ 95 <input type="checkbox"/>
Ariel	US\$ 110 <input type="checkbox"/>	US\$ 90 <input type="checkbox"/>
Caesar *	US\$ 96 <input type="checkbox"/>	US\$ 84 <input type="checkbox"/>
Park Plaza *	US\$ 94 <input type="checkbox"/>	US\$ 82 <input type="checkbox"/>
Mercure *	US\$ 94 <input type="checkbox"/>	US\$ 82 <input type="checkbox"/>
Shalom	US\$ 90 <input type="checkbox"/>	US\$ 80 <input type="checkbox"/>
Windmill	US\$ 90 <input type="checkbox"/>	US\$ 78 <input type="checkbox"/>

* Hotels within walking distance of the conference venue.

+ Hotels with swimming pools and sports facilities.

- Please indicate your **FIRST CHOICE** by marking one of the boxes above.
- If your first choice is not available please indicate your **SECOND CHOICE**:

Hotel name: _____ Single Room Double Room

If your choices are not available the conference Secretariat will assign alternative accommodation of similar standard if at all possible.

I wish to reserve the above accommodation for:

Check In Date: _____ Check Out Date: _____

Total Number of Nights: _____

Note: Check in time is 14:00hrs. If you are arriving very early in the morning and wish to receive your room upon arrival you must reserve the previous night.

7. OPTIONAL TOURS

Prices are based on a minimum of 15 participants unless otherwise noted. Reservations must be accompanied by the indicated deposit/payment.

Please refer to the brochure for descriptions of tours and explanations of hotel accommodation requirements.

1ST. PRE-CONFERENCE TOURS

A deposit of **\$150** per room is required for **Tours A-1 and A-2.**

A-1: 3 Days, 3 Nights – Northern Israel, 9-12 August

- 5 star: **\$1222** Per **double** room (Number of rooms)___ x \$150 = US\$ _____
- 5 star: **\$807** Per **single** room (Number of rooms)___ x \$150 = US\$ _____
- 4 star: **\$822** Per **double** room (Number of rooms)___ x \$150 = US\$ _____
- 4 star: **\$538** Per **single** room (Number of rooms)___ x \$150 = US\$ _____

A-2: 2 Days, 2 Nights – Northern Israel, 10-12 August

- 5 star: **\$876** Per **double** room (Number of rooms)___ x \$150= US\$ _____
- 5 star: **\$568** Per **single** room (Number of rooms)___ x \$150= US\$ _____
- 4 star: **\$564** Per **double** room;(Number of rooms)___ x \$150 = US\$ _____
- 4 star: **\$362** Per **single** room; (Number of rooms)___ x \$150 = US\$ _____

2ND. POST-CONFERENCE TOURS

A deposit of **\$150** per room is required for **Tours B-1 and B-2.**

B-1: 4 Days, 3 Nights – Northern Israel, 19-22 August

- 5 star: **\$1222** Per **double** room (Number of rooms)___ x \$150 = US\$ _____
- 5 star: **\$807** Per **single** room (Number of rooms)___ x \$150 = US\$ _____
- 4 star: **\$822** Per **double** room (Number of rooms)___ x \$150 = US\$ _____
- 4 star: **\$538** Per **single** room (Number of rooms)___ x \$150 = US\$ _____

B-2: 2 Days, 1 Night – Northern Israel, 19-20 August

- 5 star: **\$520** Per **double** room (Number of rooms)___ x \$150 = US\$_____
- 5 star: **\$325** Per **single** room (Number of rooms)___ x \$150 = US\$_____
- 4 star: **\$384** Per **double** room (Number of rooms)___ x \$150 = US\$_____
- 4 star: **\$232** Per **single** room (Number of rooms)___ x \$150 = US\$_____

3RD. ONE DAY TOURS

Full payment is required with your reservation for these ONE DAY tours.

- C-1:** Cave of Sorek/Kibbutz/Beit Guvrin; 16 August, **\$52** x (Number of people)___ = US\$_____
- C-2:** Dead Sea/Massada, 19 August, **\$70** x (Number of people)___ = US\$_____
- C-3:** Northern Israel, 20 August, **\$70** x (Number of people)___ = US\$_____
- C-4:** Dig for a Day, **\$40** x (Number of people)___ = US\$_____ **16 August** **18 August**

D. SPECIAL DESTINATION TOURS

A deposit of **\$150** per room required for **Tours D-1 and D-2.**

D-1: 4 Days, 3 Nights – Cairo, 19-22 August

- Deluxe: **\$650** Per **double** room (Number of rooms)___ x \$150 = US\$_____
- Deluxe: **\$535** Per **single** room (Number of rooms)___ x \$150 = US\$_____
- 5 star: **\$590** Per **double** room (Number of rooms)___ x \$150 = US\$_____
- 5 star: **\$460** Per **single** room (Number of rooms)___ x \$150 = US\$_____

D-2: 3 Days, 2 Nights – Jordan, 20-22 August

- Deluxe: **\$834** Per **double** room (Number of rooms)___ x \$150 = US\$_____
- Deluxe: **\$499** Per **single** room (Number of rooms)___ x \$150 = US\$_____
- First Class: **\$762** Per **double** room (Number of rooms)___ x \$150 = US\$_____
- First Class: **\$451** Per **single** room (Number of rooms)___ x \$150 = US\$_____
- Tourist: **\$654** Per **double** room (Number of rooms)___ x \$150 = US\$_____
- Tourist: **\$385** Per **single** room (Number of rooms)___ x \$150 = US\$_____

D-3: Eilat: Please contact the Secretariat.

8. PAYMENT – IN US DOLLARS – REMITTED WITH THIS FORM:

Registration: Participant(s): US\$_____ Accompanying Person(s): US\$_____

Accommodation: US\$_____ Tours: US\$_____

TOTAL PAYMENT WITH THIS FORM: US\$_____

9. PAYMENT BY:

Bank Cheque (Bankers Draft) payable to: IFLA 2000

Cheque Number: _____ Bank Name _____

Credit Card _ Visa _ Diners _ Master/Euro _ Amex

Card Number: (print clearly and include all digits)

_____-_____-_____-_____-_____

Expiry Date: _____

Name on Card: _____

Date: _____ Signature: _____