Document no. _____ **Please Fax this form back to +972-3-6911753**

Registration form for the 6th Med Salsa congress April 26-28 2007, Israel

Surname:_____ **First Name:**_____ **Passport Number:** _____

Address: _____ **ZIP Code:**_____

Cell Phone: _____ **Home Phone:** _____**FAX:** _____

E-mail: _____ ***Birth Date*** ____/____/_____

Dance level: Beginner / Intermediate / Advanced ***Gender: Male / Female***
Participated in past congresses: Yes / No

Registration: Participation package and hotel selection

- **26-28/4/2007** **□Crowne Plaza** **□Holiday Inn Express**
- **Additional Nights:** **□ April 25th** **□April 29th**
  □Holy Land Salsa Tour

Room Type: **□Double** **□Triple** **□Quadruple**

Number of adults: _____ **Number of Children (ages 2-12):** _____

Including organized Transportation to Eilat: Yes / No Location: Tel Aviv

Charging Sum: _____**$ + $30 transportation per person. No. of passengers:** _____

Total Sum: _____**$**

- **Credit Card Type: Visa Diners MasterCard American Express**

Name of Credit Card Owner: _____

I.D. Number: _____

Card Number: _____-_____-_____-_____
Exp. Date: ____/____

Number of Payments: 1 / 2 / 3 / 4 / 5 / 6 Total Charge sum:_____**$**

- **I hereby confirm that I have read the registration rules and guide, and I accept all that's written.**
- **I have been informed and clarified on the issue of cancellation and registration change fees.**
- **Please fill in the prices as written in the price list.**

Date: _____ **Signature:** _____

Form filled by: _____ **Faxed on date:** _____ **Time:** _____

Additional comments and special requests:
_____