

Mame-Loshn'99, May 27-31 1999

1st Adult

First Name _____

Second Name _____

Street Address _____

City _____

State _____

Zip _____

Country _____

Phone _____

Fax _____

E-mail _____

2nd Adult

First Name _____

Second Name _____

Street Address _____

City _____

State _____

Zip _____

Country _____

Phone _____

Fax _____

E-mail _____

If there are additional adults in your party, please include them on a separate sheet of paper.

Children:

Children's Names/Ages _____

Emergency Contact _____

Type of Accommodation (Please Check)

Lippincott Residence Hall Linen _____ Non-Linen _____

Newell Apartments Linen _____ Non-Linen _____

Commuter _____ Full Conference _____ Day Ticket _____

Need a ground Floor apartment _____ Kosher meal _____

Please enclose a check for the full reservation made payable to Mame-Loshn (partial reservations will not be accepted)

Mail to:

Mame-Loshn '99
110-64 Queens Blvd.
Forest Hills, NY 11375

Registration Fee \$ _____

Bus \$ _____

Enclosed \$ _____

Mame-Loshn Scholarship Fund (helps bring students and families to Mame-Loshn) \$ _____

Please write a separate check, payable to Mame-Loshn. Indicate that it is a contribution. Thank you.