Registration Form:

**Mishkan Tour 3.10.17-13.10.17**

**Congress Dates:** April 1-4 (Monday-Wednesday. Checkout 11:00 AM the 4th)

**Place:** Eshel HaShomron Hotel, Ariel, Israel [www.eshelhashomron.co.il](http://www.eshelhashomron.co.il)

Full Name: First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people in your party/family \_\_\_\_\_\_\_

Children’s Ages \_\_\_\_\_\_\_\_

Number of Nights \_\_\_\_\_\_\_\_

.

Credit Card: Card Type\_\_\_\_\_\_\_\_\_\_\_ Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail this form to: Eshel Hashomron Hotel

P.O.B. 1822

Ariel, 44837

Israel

You may also call in your Credit Card details: **Hotel Tel: 972-3-9366841**

P.O.B. 1822

Ariel, 44837

Israel

Bank Transfer Details:

Order to: Eshel Hashomron

Union Bank of Israel Ltd 13

Diamond Exchange Branch 062

Ramat Gan, 52130, Israel

Swift Code of Bank UNBKILITDMD

IBAN IL52013062000002091143

Account # 209114/43

**Note: once you register, please let us know at: ero2001@netvision.net.il**

**Hotel Tel: 972-3-9366841 Fax: 972-3-9364367**

Extra information:

Free coffee and tea all day.

.