

Doct. No. _____

Registration form to the 4 Annual Israeli Salsa Congress, Eilat

Participant details:

Surname: _____ First Name: _____ I.D. No. _____

Mail Address: _____ ZIP Code: _____

Telephone No. (1) _____ Tel. (2) _____ Cel. Phone _____

E-Mail Address: _____

Birth Date: _____ Dance Level: Beginner / Intermediate / Advanced

Attended previous congresses: Yes / No

Registration Details: package type and hotels

Paradise Club Marina Club Vista Americana Royal Park Participation deal only

Room: Single / Double / Triple / Quadro

Adult No. _____ Children No. _____ Babies No. _____
(Babies – aged Under 2 Children – ages under 12 Adult - 12+)

Total for billing: _____ \$

Paying Method:

Cheques: Total _____ Receipt No. _____ **OR**

Cash: Total: _____ Reciept No. _____

CREDIT:

Card type: Visa / Diners / Isracart / American Express

Name of Card Owner: _____ I.D. No. (no less than 9 digits)

Card No. _____ Expiry date: _____

Payments: 1 / 2 / 3 / 4 / 5 / 6 Total charge sum: _____ \$

Sharing room with:

First Name:	Surname:	I.D. No.:	Cel. Phone No.:	E-Mail:	Level	Transp. From:	On expense of the registrant above: