



CREATION

REVELATION

REVOLUTION

Welcome to the CCAR 2012 Boston Convention! We are delighted that you will be joining us. Each Rabbi attending the CCAR Convention must complete a separate registration form.

A. REGISTRATION

RABBI

First Name (required): _____ RABBI

RABBI

Last Name (required): _____ First Name (for Name tag): _____

SPOUSE/PARTNER

First Name: _____ SPOUSE/PARTNER

SPOUSE/PARTNER

Last Name: _____ First Name (for Name tag): _____

Congregation/Organization: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Email (required): _____

Tel (Primary): _____ Tel (secondary): _____ Fax: _____

Birth Year: _____ Year Ordained: _____ Is this your first CCAR Convention? _____

REGISTRATION FEES: Before or on January 1, 2012 OR after January 1, 2012 (postmark). Please check a category:

Rabbi Full Fee—(2012 registration fee is the same as the 2007 registration fee) Before deadline \$495 After deadline \$535

Rabbi Reduced Fee—(Retired Rabbi, Part-time Rabbi, Rabbis Ordained in 2011) Before deadline \$395 After deadline \$435

Spouse/Partner of either category— Before deadline \$395 After deadline \$495

All registration fees include the Opening Reception/Dinner and any other communal meals.

SUBTOTAL A – REGISTRATION [RABBI AND SPOUSE/PARTNER]: \$ _____

B. HOTEL RESERVATIONS SHERATON BOSTON

The room rate is \$189/night for one king bed or two double beds for up to two adults. There is a charge of \$40 for a third adult. There are a limited number of Club Rooms and Suites available at \$229/night. Club Level rooms have upgraded amenities and access to the Club Lounge. The room tax rate is subject to change (currently 12.45%).

Check-in date: _____ Check-out date: _____ # of nights: _____ # of guests in room: _____

Room type: Standard room (\$189) Club Room—subject to availability (\$229) | Bedding: King Two Doubles

Special requests (noted but not guaranteed): _____

I will share my room with (if separate registrations are being sent): _____

Please check here to be put in touch with a potential hotel roommate and to share your name with others.

SUBTOTAL B—ONE NIGHT ROOM DEPOSIT (Only if paid by check. By credit card, this is guarantee only) \$ _____

C. MEALS

Please indicate your choices below. Registration includes the Opening Reception/Dinner and other communal meals. Non-registered spouses and guests may purchase tickets to the Opening Reception/Dinner.

Opening Reception/Dinner (Sunday, March 18, included in registration)

Rabbi (Included in registration fee) Fish Vegetarian Not attending
Registered Spouse/Partner (Included in registration fee) Fish Vegetarian Not attending

Non-Registered Spouse/Partner (\$95) Fish Vegetarian
Guests (\$95) Fish Vegetarian # attending _____
Child Ages 2-12 (\$47) Fish Vegetarian # attending _____

Dietary Restrictions/Allergies: _____

CLASS DINNERS (Tuesday, March 20) – Celebrate 1, 5, 10, 18, 25, 30 or 50 years in the rabbinate with your classmates.

Please select your class: 2011 2007 2002 1994 1987 1982 1962

*If you were ordained in a different year but consider yourself part of one of these classes, please register for the dinner!
 The HUC-JIR Office of Alumni Affairs has reserved a table for your class at a nearby restaurant. No fee for the dinner is included in registration; please pay the restaurant directly for your order.

WRN DINNER (Monday, March 19)

All female CCAR Rabbis are welcome. Dinner will be held at the hotel. Fee: \$50.00

I will attend Meal Choice: Fish Vegetarian

SUBTOTAL C – MEALS \$ _____

D. TRAVEL ASSISTANCE CONTRIBUTIONS

The Travel Fund was instituted to help defray the expenses of rabbis who would be unable to attend the Convention without aid from the fund. Donations are the only source of income to this fund.

Travel Fund Contribution \$36.00 \$72.00 \$180.00 \$360.00 Other \$ _____

SUBTOTAL D – TRAVEL FUND \$ _____

E. HESED FUND CONTRIBUTIONS

The Hesed Fund’s purpose is to aid rabbis and widows of rabbis in financial need today, including those whose pensions were either non-existent or under-funded.

Hesed Fund Contribution \$36.00 \$72.00 \$180.00 \$360.00 Other \$ _____

SUBTOTAL E – HESED FUND \$ _____

GRAND TOTAL: A. _____ + B. _____ + C. _____ + D. _____ + E. _____ = \$ _____

PAYMENTS

- PAYMENT BY CHECK:** I have enclosed a check for \$ _____ which includes a one-night hotel deposit.
- PAYMENT BY CHECK AND HOTEL GUARANTEE TO CREDIT CARD:** I have enclosed a check for \$ _____ which does not include the hotel deposit. Please guarantee my one-night hotel deposit with my credit card.
- PAYMENT BY CREDIT CARD:** Please charge my registration fees and guarantee my hotel deposit to my credit card.
 VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Name on card: _____ Billing Address: _____

Card Number: _____ Security Code: _____ Exp: _____

Signature: _____

Mail forms to: Ayelet Tours, Conference Services Division

19 Aviation Road, Albany, NY 12205
 (800) 237 – 1517 ext. 338 | Fax: (518) 783 – 6003

Email: conferences@ayelet.com | **Online registration available at www.ayelet.com**

Badges are issued only to those who have completed this form and paid the appropriate fees.

Questions? Please contact Dee Mandiyan at the CCAR
 (dmandiyan@ccarnet.org) or (212) 972-3636

