

CONVENTION REGISTRATION

Please print or type clearly

Mr. Ms. Mrs. Name: _____

Name Preferred on Badge: _____ Number of Children: _____ Ages: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

REGISTRATION/HOUSING (18 years old and above)

Please note: The feast package rates below include registration, housing reservations, as well as meals for persons who will be staying at the **Embassy Suites Hotel**. Rooms are double occupancy. Limited rooms are available.

Hotel check-in time: 4pm, April 1/Hotel check-out time: 12 noon, April 9

This is My First Feast

Name Preferred for Hotel Reservation: _____

Check-In Date: _____

Check-Out Date: _____

	By February 16, 2018	After February 16, 2018
Registration/Housing/Meals (8-day package with 1 Passover meal and 7 daily meals)	<input type="checkbox"/> \$1,650	<input type="checkbox"/> \$1,800
Registration/Housing/Passover Meal (8-day package with 1 Passover meal)	<input type="checkbox"/> \$1,525	<input type="checkbox"/> \$1,675
Passover Registration/Housing (1-day package with 1 Passover meal)	<input type="checkbox"/> \$215	<input type="checkbox"/> \$235
Daily Rate/Housing/Meal (Daily rate with meal after Passover night)	<input type="checkbox"/> \$235 x _____ nights	<input type="checkbox"/> \$255 x _____ nights
Daily Rate without Meals (Daily rate after Passover night)	<input type="checkbox"/> \$210 x _____ nights	<input type="checkbox"/> \$230 x _____ nights
Early Arrival (Before April 1, 2018)	<input type="checkbox"/> \$169 x _____ nights	<input type="checkbox"/> \$169 x _____ nights

Method of Payment: Money Order(s) Cashier's Check(s) **Total Enclosed: \$** _____

REGISTRATION/MEALS ONLY (18 years old and above)

Arrival Date: _____ Departure Date: _____

	By February 16, 2018	After February 16, 2018
8-Day Registration Package/Passover Meal	<input type="checkbox"/> \$870	<input type="checkbox"/> \$950
Passover Registration/Passover Meal	<input type="checkbox"/> \$120	<input type="checkbox"/> \$130
Daily Registration (After Passover night)	<input type="checkbox"/> \$115 x _____ nights	<input type="checkbox"/> \$125 x _____ nights
7-Day Luncheon Package	<input type="checkbox"/> \$231	<input type="checkbox"/> \$231
Daily Luncheon	<input type="checkbox"/> \$33 x _____ days	<input type="checkbox"/> \$33 x _____ days
Children's Passover Meal (17 and under)	<input type="checkbox"/> \$2 x _____ children	<input type="checkbox"/> \$2 x _____ children

Method of Payment: Money Order(s) Cashier's Check(s) **Total Enclosed: \$** _____

NOTE: Cashier's checks or money orders are to be made payable to **THE FEAST COMMITTEE**. **No personal checks will be accepted.** (Checks will be promptly returned to you without notification. If the replacement money order or cashier's check is not postmarked by February 16, 2018, you must pay the regular registration rate.) **Do not mail your registration fees to The Feast Committee after February 28, 2018.**

Send this form and payment to:

**The Feast Committee
P. O. Box 1138
Seguin, TX 78156
Telephone: (210) 678-3062**