



Universal Peace Federation – IIFWP
Middle East Peace Initiative
October 20 - 25, 2006



North American Registration Form

Please respond ASAP by email: wdc@familyfed.org - or by fax: **202-232-3979** • **Region No. 1**

Gender: Male Female **Passport Current?** Yes No, I will get it

Visa Situation: I have a visa I don't need a visa I will apply for a visa

\$650.00

Print Or Type Your Full Name exactly as shown in your Passport

 First Name Middle Name Family Name

Badge Name - Print or Type your Name as you would like to see it on your Name Badge

 Honorific First Name Middle Name Last Name

Citizenship: _____ **Passport Issue Date:** _____ **Exp. Date:** _____

Date of Birth: _____ **Passport No.:** _____ **Issue Nation:** _____

Organization

Name: _____

Position: _____

Address: _____

Church or Organization - No P. O. Boxes Please Building No. - Street Name Suite No.

 City State Zip Code

 Office Telephone Office Fax Cell Phone

 Home Telephone Email Address

IN ISRAEL - Flight Arrival Information

 Arrival Airport Arrival Date Arrival Time Arrival Airline and Flight #

FROM ISRAEL - Flight Departure Information

 Departure Airport Departure Date Departure Time Departure Airline and Flight #

Dietary Concerns: _____

<input type="checkbox"/> Single Room I will pay \$350 more for trip

Emergency Contact Person: _____ **Cellular:** _____ **Home Tel:** _____

Required Information:

Guest Signature: _____ **Date:** _____

Sign if by fax. If submitting by email, type in name.

Invited By
 (Name of local contact): _____ **Cell#:** _____

Home Tel: _____ **Email:** _____