

# ASSOCIATION OF ORTHODOX JEWISH SCIENTISTS

2009 Annual Summer Convention

July 23rd-25th, 2010

The Heritage Hotel, Southbury, CT

Adult(s) Name(s) (Include Titles): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**ACCOMMODATIONS:** Rates listed are for a two day minimum stay, per person. **Registration fee, taxes, and gratuities (excluding chambermaid and bellhop) are included.** (Check all that apply **X** the quantity of rooms):

Double Occ. (\$385 p/p) x \_\_\_\_\_  Triple Occ. (\$330 p/p) x \_\_\_\_\_  Single Occ. (\$565 p/p) x \_\_\_\_\_

**EARLY BIRD SPECIAL (Reserving before June 1st, 2010): Double Occ. \$360 p/p | Triple Occ. \$320 p/p | Single Occ. \$550 p/p**

# of Adults: \_\_\_\_\_ Age(s) (if single): \_\_\_\_\_ Do you require a roommate? \_\_\_\_\_ Roommate request: \_\_\_\_\_

Children ages 12-16 rooming with **two adults**, eating in main dining room, \$225 per child (rate includes cot):

# of Children: \_\_\_\_\_ Name(s): \_\_\_\_\_ Ages: \_\_\_\_\_ x\$225

Children ages 6-11 rooming with **two adults**, eating in main dining room, \$175 per child (rate includes cot):

# of Children: \_\_\_\_\_ Name(s): \_\_\_\_\_ Ages: \_\_\_\_\_ x\$175

Children under 5 rooming with **two adults**, FREE, except for crib or cot charge of \$25 if ordered in advance. The charge will be \$15 per day if not ordered in advance. **Please indicate if you will need a crib or a cot in your room:**

# of Children: \_\_\_\_\_ Name(s): \_\_\_\_\_ Ages: \_\_\_\_\_  Cot  
 Crib

**Maximum # of occupants per room- including children: 4**

*(Please note, only 1 cot and/or 1 crib may be placed in a room due to safety measures.)*

**TOTAL ACCOMMODATIONS COSTS:**.....\$ \_\_\_\_\_

❖ **CANCELLATIONS ON OR AFTER JULY 9TH AND NO-SHOWS ARE NON-REFUNDABLE** ❖

**AMOUNT ENCLOSED** (\$150 NON-REFUNDABLE minimum deposit per person):.....\$ \_\_\_\_\_

**BALANCE** (due by July 16th, 2010):.....\$ \_\_\_\_\_

**ALTERNATIVELY**, please charge my credit card:

Card #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Please make checks payable to **AOJS** and submit all information to the AOJS office at:

**1011 Moss Place, Lawrence, NY 11559**

**or fax to (718) 554-3069**

*For further information, contact the AOJS office during normal business hours at  
(718) 969-3669 (leave a message-we will return your call) or at nachamu@aojs.org.*

**SPECIAL REQUESTS:**

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