

**Subud East Coast
2009 Congress
Registration Form
Friday - Sunday, June 5, 6, 7**

**Stevens Institute, Hoboken, NJ
Castle Point on Hudson
Hoboken NJ 07030-5991 USA
201.216.5000**

Name: _____
Address: _____
Phone: _____ E-Mail: _____

Childcare - Please provide names and ages of children needing childcare:

Meals:	Lodging:
<p>Breakfast</p> <p>Saturday 7.50 x _____ = _____ Sunday 7.50 x _____ = _____</p> <p>Lunch</p> <p>Friday 9.50 x _____ = _____ Saturday 9.50 x _____ = _____ Sunday 9.50 x _____ = _____</p> <p>Dinner</p> <p>Friday 12.50 x _____ = _____ Saturday 12.50 x _____ = _____</p> <p>Meals Total: _____</p> <p>Meals are offered in the Institute's state of the art dining hall. Pork-free and vegetarian meals are available.</p>	<p>Friday 35.00 x _____ (# persons) = _____ Saturday 35.00 x _____ (# persons) = _____</p> <p>Room Total: _____</p> <p>I have a roommate: _____</p> <p>Please help me find a roommate: _____ (M/F)</p> <p>Rooms are double occupancy. Single occupancy is available for \$70 per night.</p> <p>Registration:</p> <p>Adult \$50 _____ x 50.00 = _____ Children : First child \$25 _____ x 25.00 = _____ Each add'l child (\$5) _____ x 5.00 = _____</p> <p>Registration Total: _____</p>

TOTAL AMOUNT: _____

Payment options:

Check: _____ Money Order: _____ MasterCard: _____ Visa: _____
(Make checks out to SUBUD EAST COAST)

Card Number _____ CSV _____ Exp. (mm/dd/yy) _____

Name (PRINT) _____ Signature _____

Return Registration Form to:

Subud East Coast
c/o Amelia and Frederic Casilli
212 Lemoyne Avenue
Pittsburgh, PA 15228-2221
412-561-4511

Or e-mail to: ameliacasilli@verizon.net

or: fcasilli@yahoo.com

Register by phone (credit cards only)

412-561-4511