

Toward a Just Peace in Palestine/Israel

Sabeel Conference, Pittsburgh, PA: February 24 and 25, 2006

REGISTRATION FORM
PLEASE PRINT CLEARLY

MAIL WITH CONFERENCE FEE TO:

Friends of Sabeel

417 Maryland Avenue, Oakmont PA 15139

Name _____

Address _____

City _____ State _____ Zip _____

Phone with Area Code: _____

E-mail _____

Make checks to: **Friends of Sabeel**

Payment Method:

Check Visa MasterCard

Name on Card: _____

Card Number: _____

Expiration Date: _____

Total Amount: \$ _____

PLEASE CHECK YOUR PROGRAM PREFERENCES:

- \$75 Registration (by February 20) full conference
- \$50 Friday program (including banquet)
- \$45 Saturday program (including lunch)
- \$25 Friday evening (banquet and Keynote address/workshop)
- _____ Student/low income (scholarships available)
- Cannot attend but will make a donation Amount: \$ _____
- In need of housing or send names of local hotels/motels

Signature for Authorization: _____