

Beth El Sisterhood Virtual General Meeting & Speaker Series
2020-2021

Individual Program Registration Form

Full name: _____

Phone number: _____

Email: _____

Street address: _____

City, State, ZIP: _____

- I am a: Beth El Sisterhood member (\$10/program)
 Beth El Congregation member (non-Sisterhood member) (\$13/program)
 Non-member of Beth El Congregation or Sisterhood (\$15/program)

Please choose all programs you will be attending:

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> September 13 | <input type="checkbox"/> January 4 |
| <input type="checkbox"/> October 5 | <input type="checkbox"/> February 1 |
| <input type="checkbox"/> November 2 | <input type="checkbox"/> March 1 |
| <input type="checkbox"/> December 7 | <input type="checkbox"/> May 24 |

Total amount paid: \$ _____ Check #: _____

Please mail this form with your check (made payable to Beth El Sisterhood) to:
Marcia Boonshaft, Attn: Sisterhood Speaker Series
11 Slade Avenue #601, Baltimore, MD 21208

**Please note, all charges are non-refundable and non-transferable.
Please add program date(s) in memo line.*