TZIVOS HASHEM CRAFT WORKSHOPS Group Reservation Order Form			
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	orah(S)hofarSu(K)kot _ ne above, complete the form below a		
CONTACT INFORMATION:			
Contact Person:	Phone:()	Ext:
Organization:		Today's D	ate
Home Phone:()	Cell:()	Email:	
Organization Mailing Address:			
City:	State: Zip	Fax: ()
Program Location Address			Zip:
Program Area: (auditorium, social ha			king (<i>van</i>):
PREFERRED DATE & TIME: <i>Pleas</i> Date 1time:			time:
Age group(s):T			
Number of Presentations:	Estimated trav		
(IF SEVERAL PRESENTATIONS ARE NEEDED PLEASE FAX US			
(IF SEVERAL PRESENTATIONS ARE NEEDED PLEASE FAX US PAYMENT INFORMATION: □ AMEX □ AMEX □ AMEX □ VISA		•	
PAYMENT INFORMATION:	R Credit Card #		Exp
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