# VIP ISRAEL 2016 Registration Form

# November 28, 2016 - December 1, 2016

A Few Spots are Still Available! Register Today!

Friends of Yemin Orde

## LIST NAMES AS THEY APPEAR ON YOUR PASSPORT

PARTICIPANT #1	Check one: Mr	☐ Mrs.	☐ Ms.	☐ Dr.	Gender:	■Male	Female					
First Name:	N	iddle Initial:		_ Last N	ame:							
Passport #:	Issue Date:		Exp. Date: _		Place of Issue:		:					
Nationality:	Date of Birth:				_Birthplace: _							
Cell Phone:			_ Email A	ddress: _								
PARTICIPANT #2	Check one: Mr	☐ Mrs.	☐Ms.	☐ Dr.	Gender:	□Male	Female					
First Name:	N	iddle Initial:		_ Last N	ame:							
Passport #:	lssue l	Date:	Ехр.	. Date: _	Pla	ace of Issue	:					
Nationality:	Date	of Birth:			_Birthplace: _							
Cell Phone:			_ Email A	ddress: _								
depart the U.S. if you	r passport expires	within six (6	6) months	of your	travel date.		ay not be permitted to Zip:					
							·					
Home Phone			Kilcin	Home Phone:								
► SPECIAL REQUEST  □ Dietary Restrictions  □ Other (please specif	(all meals kosher):	ITEED)										
► SPECIAL REQUEST  □ Dietary Restrictions  □ Other (please specif	(all meals kosher):	gathered we	will advise	if you qu	alify for group	transfer.						

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▶ ROOMING INFORMATION PLEASE SPECIFY NUMBER	ER OF ROOMS NEEDED:
Room Type: □ Double □ Twin (2 beds) □ Single □	Other:
Special Request (may be requested, but is not guaranteed)	: □ Non-smoking □ Adjoining □ Connecting
Other:	
I want to room with another participant on the mission (plea	ase specify name):
NATIONAL INFORMATION	
► MEDICAL INFORMATION	
Participant #1	
Name:	
Medical Conditions:	Allergies:
Medications:	
Participant #2	
Name:	
Medical Conditions:	Allergies:
Medications:	
► IN CASE OF EMERGENCY	
	_Relationship to Participant(s):
	Business Phone:
Cell Phone:Em	ail Address:
► PAYMENT INFORMATION FOR LAND ONLY PACKAGE	SE:
VIP Israel 2016:	
Land Only \$1,950 per person/double occupancy Single	e Supplement \$519
☐ Please charge my credit card ☐ AMEX ☐ VISA ☐	MASTERCARD DISCOVER CARD
I authorize FRIENDS OF YEMIN ORDE to charge above cre charge related to the above named tour. I understand that reflected on my credit card statement within three days of a	the amount charged to my credit card account will be
Card Number:	Sec Code:Expiration Date:
	_ Signature of Card Holder:
	State: Zip:
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Please make sure you include the following:
□Check/credit card information
□ Completed registration form
☐ Copy of each participant passport

# **MAIL REGISTRATION TO:**

Friends of Yemin Orde 4340 East-West Highway, Suite 202 Bethesda, MD 20814

Attn: Leslie Kline

#### **TERMS AND CONDITIONS**

### Payment:

Payments are due with registration.

**Extensions:** Additional extensions are available throughout Israel and can be booked directly through Shilgit Miara at Diesenhaus Unitours Incoming Tourism. Please contact Shilgit at Shilgitm@diesenhaus.com for more details.

Insurance: Comprehensive Travel Insurance, including trip cancellation and luggage insurance, is strongly recommended

**Disclaimer:** Friends of Yemin Orde (FYO), Interface Travel and Diesenhaus Unitours Incoming Tourism act only as agents for the mission and tour participants in making arrangements for hotels, touring, restaurants, or any other services or events in connection with the itinerary. FYO will exercise reasonable care in making such arrangements, but FYO will not assume any liability whatsoever for any injury, damage, loss, accident or harm to person or property. FYO reserves the right to cancel or change itineraries or substitute comparable services without notice. The right is reserved to decline to accept or retain any participants should anyone's health or general deportment impede the operation of the mission or tour.

There is no visa or inoculations required for travel to Israel.

