

EMUNAH of America
Conference Department
 7 Penn Plaza, Suite 205, New York, NY 10001
 (212) 947-5454 (877) 4EMUNAH FAX (212) 947-5326

Israel Summer Experience
August 9 - 22, 2010

Please return this form by mail with your deposit, or fax to: 212-947-5326

Prima Kings or Inbal Hotel (please circle)

_____ Single (Supplement applies) _____ Double Room/Share with _____

Title	PRINT PASSPORT NAMES	Date of Birth	Passport No.	Issue Date	Exp. Date	Place Issued

CHECK YOUR PASSPORT: Your passport must be valid for 6 months from your date of departure. If your passport is due to expire within 6 months of your trip **RENEW IT NOW!**

Contact Name: _____ **Home Phone:** _____

Cell Phone: _____ **Email (print clearly)** _____

Mailing Address: _____

_____ **Fax no:** _____

Special dietary request for EL AL: __Glatt __Vegetarian __Fish __Fruit

EL AL frequent flyer no. _____ American Advantage #: _____

Seat request*: Aisle ____ Window ____ ***Please note: We have limited flexibility on seating.**

_____ **Land-Only participants** - We are making our own travel arrangements to Israel.

Please indicate if you or your family members are first-time visitors to Israel: _____

- **A deposit of \$200 per person confirms your reservations.**

__ I have mailed a check payable to Emunah for my deposit.

__ Please charge to: Visa/MC no: _____ Exp. _____

- **FULL PAYMENT IS DUE:** Thursday, July 1 by check payable to Emunah, Visa or Mastercard.
- **Cancellation:** Until June 3, \$100 p/person is non-refundable. After June 3, your deposit is non-refundable. After tickets are issued, EL AL cancellation fees will apply.
- **For travel insurance:** www.travelprotectors.com or call: 877-515-9055

FOR MORE INFORMATION, PLEASE CALL:

(877) 4EMUNAH ♦ (212) 947-5454, EXT. 320, 321 EMAIL: CAROLFINKEL@EMUNAH.ORG OR DEBBIE@EMUNAH.ORG