JEWISH NATIONAL FUND
CULINARY, WINE AND ARTS MISSION
REGISTRATION FORM

JUNE 27 - JULY 5, 2014

(Land Only Mission - see payment section for further details)

Mission Professional: Diane Scar

Mission Chairs: Myra & Charlie Fleischer, Gary & Gail Kushner, Joel Marzouk & Nanci Seff

Please mail or return by fax to:

IsramWorld, Attn: Missions Department, 233 Park Avenue South, New York, NY 10003. Phone: 212.697.8553 or 800.843.9728; Fax: 212.687.9386; Email: jnftravel-missions@isram.com

IsramWorld works in cooperation with JNF Travel & Tours

Please print all information clearly in blue or black ink. (PRINT NAMES AS THEY APPEAR ON PASSPORT)

PARTICIPANT 1:

Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Rabbi ___

First _____ Middle _____ Last _____

Name as you would like it to appear on name tag _____

Passport # _____ Expiration Date _____ Nationality _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Fax _____ E-mail _____

PARTICIPANT 2:

Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Rabbi ___

First _____ Middle _____ Last _____

Name as you would like it to appear on name tag _____

Passport # _____ Expiration Date _____ Nationality _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Fax _____ E-mail _____

*** PLEASE NOTE:** ***For valid travel to many destinations, it is required that your passport be valid for at least 6 months past the date of your return.***

JEWISH NATIONAL FUND *Your Voice in Israel*

TRAVEL INSURANCE:

_____ **I ACCEPT Travel Insurance from IsramWorld and agree to pay $210 (payment must be submitted along with registration form for the pre-existing condition waiver to apply)**

_____ **I DECLINE Travel Insurance**

EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____City _____State _____ Zip _____

Phone (H)_____ Phone (W) _____ Phone (Cell) _____

E-mail _____

MEDICAL INFORMATION:

Do you have any allergies or special medical conditions? _____

_____

ADDITIONAL INFORMATION:

Do you have any special dietary restrictions? _____

_____

TRAVEL ARRANGEMENTS:

This is a land only mission. Flights are not included but may be arranged upon request. For assistance with flights, please contact IsramWorld 212.697.8553 or 800.843.9728.

Please select all that apply:

_____ I/We need assistance with international flight arrangements.

_____ I/We do not need assistance with international flights.

Please provide us with your flight details (date, time, airline, etc):

Arrival Flight into Israel _____

Return Flight to the USA _____

_____ I/We need assistance with additional travel arrangements before or after the mission.

Please explain _____

HOTELS:

_____ Single Room (additional charge - see payment section for details)

_____ I will room with _____

PLEASE INCLUDE A PHOTO COPY OF YOUR PASSPORT.

PAYMENT:

Land Only (based on double occupancy): $5,550 • Single Supplement: *$1,650*
$500 deposit due at time of registration
Remaining balance will be charged to your credit card 60 days before the scheduled date of departure.

Please reserve ____ space(s). A deposit of $_____ is enclosed ($500 minimum per person plus optional insurance of $210 per person)

PLEASE NOTE THAT CANCELLATIONS MAY RESULT IN LAND AND/OR AIR PENALTIES
You will be charged in full 60 days before the scheduled date of departure.
All charges to your credit card will appear as IsramWorld
Flights are not included, but may be arranged upon request by calling IsramWorld at 212.697.8553 or emailing JNFTravel-Missions@isram.com

_____ Check Enclosed. Checks made payable to IsramWorld

_____ Credit Card: ___ Visa ___ Mastercard ___ AMEX

Credit Card number _____Expiration Date _____

Name on card _____ Signature _____

Credit Card Authorization: I authorize IsramWorld to charge the credit card provided above. I understand that this payment is necessary in order to reserve airline seats and hotel accommodations. I further recognize that this payment is for services (i.e. airfare and hotels) and not charitable contributions.

Signature _____ Date _____

For more information call toll-free 877.563.8687 or email travel@jnf.org.

Cancellation Policy: Cancellation Penalties Prior to Departure – Per Person. All cancellations must be received in writing: Cancellations up to 120 days - no penalties (not including international flights booked separately). Cancellations up to 90 days – $100.00 per person processing fee. From 90-61 days – $250.00 per person will be assessed + any other cancellation fees levied by our land suppliers/airlines.* From 60-31 days – $400.00 per person will be assessed + any other cancellation fees levied by our land suppliers/airlines.* From 30-16 day – $750.00 per person will be assessed + any other cancellation fees levied by our land suppliers/airlines.* Cancellations received less than 15 days prior to departure are non-refundable. There will be no refunds for unused services. Trip cancellation insurance is highly recommended and available for an additional cost. If insurance is purchased within 7 days of making your initial deposit, pre-existing conditions will be waived. *All airline tickets issued in conjunction with this tour are subject to air penalties per individual carrier's rules and regulations which will be applied.

Security: I affirm that my participation in this mission is voluntary and that I am aware of the risks related with traveling overseas, including risks associated with my safety and security. I agree to abide by the security directives issued by JNF during the course of the mission. I understand that should I travel outside the parameters and/or location of the mission, I do so at my own risk and thus release JNF of any obligation or responsibility for my safety and security. In addition, I hereby release JNF and any of its trustees, officers, agents and employees from any claims, which may accordingly arise during the course of the mission.

Medical Condition: Mission program requires participants to be in stable and good physical and mental health, confident in their ability to undertake all activities reflected in the mission itinerary. Due to safety issues, it is requested that physical disabilities of any kind be advised at the time of registration. It is understood that participants requiring special attention or treatment will be traveling with a companion. As our missions usually involve walking on unleveled terrain, wheelchair participants or those with physical limitations would not benefit from this program due to the special pace required to complete the activities set for each day.

Code of Conduct: JNF reserves the right to dismiss any participant should their behavior conflict with the code of conduct required during a JNF mission. I agree to abide by the code of conduct set forth by the JNF staff member for the course of the mission. Photography Release: I hereby grant permission, without reservation; to IsramWorld to take and to use photographs and/or sound/image recordings of me, and to use the same for the promotion of marketing, public education and/or fundraising and other related activities of JNF. I waive any right to inspect or approve the photograph(s) and/or sound/image recordings. I release JNF, its officers, trustees, agents, employees, independent contractors, licensees and assignees (including photographers), from all claims that I may have or might have, for any cause of action arising from the taking and/or use of the photographs and/or any sound/image recordings, and/or description of the same. In addition, I waive any right to a copyright of the aforementioned photos and/or sound/image recordings.

By signing below, I affirm that all the medical information I have provided on this application is true and accurate. I also hereby affirm, having read the above, that I am in sufficient health to participate in this mission and that to the best of my knowledge I do not have any medical condition which would inhibit or prevent my full participation.

_____

Signature Date