

LAWYERS MISSION TO ISRAEL

Registration Form



December 18 - 22, 2011

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

Mission Co-Chairs: **Anna Davis, Harold L. Kaplan and Gary Lieber**

Mission Professional: **Stuart Diamant-Cohen**

Please mail or return by fax to:

Isram World, ATTN: David Avoth, 233 Park Avenue South, New York, NY 10003.

Phone: 212-697-8553 or toll-free 1-800-843-9728 Fax: 212-687-9386 Email: davoth@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 Name _____ Last Name _____ Nickname _____

Relationship to Applicant _____

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.**

Travel Insurance:

I ACCEPT Travel Insurance (offered by IsramWorld; must be paid at time of deposit for the pre existing condition waiver to apply) and have added payment in the amount of \$199 per person. (If payment by credit card, please add to the deposit requirement):

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 restriction? _____

Travel Arrangements:

This is a land only mission. Flights are not included but may be arranged upon request. For assistance with flights, please contact David Avoth at 212-697-8553.

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 _____

Hotel:

Single Room (additional charges apply. Please see payment section for details)

I will room with _____

PLEASE INCLUDE A PHOTO COPY OF YOUR PASSPORT.

Payment:

Land Only (based on double occupancy): \$3,270

Single Supplement: \$800

- \$500 deposit due at time of registration

Remaining balance due upon receipt of final bill (6 weeks prior to mission start date).

Please reserve ___ space(s). A deposit of \$_____ is enclosed (\$500 minimum deposit per person)

PLEASE NOTE THAT CANCELLATIONS MAY RESULT IN LAND AND/OR AIR PENALTIES.

You will be charged in full sixty days before the scheduled date of departure. All charges to your credit card will appear as IsramWorld.

No cancellation fee up to 120 days prior to the mission. See below for details.

Checks made payable to *IsramWorld*. ___ Check enclosed

Credit Card: ___ Visa ___ Mastercard ___ AMEX Credit Card # _____

Name on Card _____ Expiration Date _____ 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 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: JNF reserves the right to reject any applicant on the grounds of health. By signing below, I affirm that all the medical information I have provided on this application is true and accurate. I also hereby affirm 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. Should I require attention for any pre-existing medical condition during the course of the mission, I understand that any corresponding expenses or financial obligations incurred will be my sole responsibility and not that of IsramWorld.

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 information I have provided on this application is accurate. In addition, I affirm that I have read the above statements and agree to the provisions and conditions described therein. Any provision that is not considered enforceable shall not affect the remainder of the contract.

Signature _____ Date _____

For Office Use Only:

VIS# _____ GHL: H S G P C W Other _____

Project Information: _____

Additional _____