

# Negev Society Mission

# Registration Form



**January 27 - 31, 2013**

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

Bill Miller, Mission Chair

Led by Russell F. Robinson, Chief Executive Officer

Yael Septee Kane, Chief Leadership Development Officer

***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](mailto: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:** (Full Land Subsidy for Main Mission)

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:** (\$1,200 for land portion of Main Mission)

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.**

## Travel Insurance:

I ACCEPT Travel Insurance from IsramWorld and agree to pay \$199 (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 at 212-697-8553 or 800-843-9728.**

Please select all that apply:

I/We will join the Main Mission to Israel

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

I/We will need assistance with international flights or other land arrangements before or after the mission

I/We do not need assistance with international flights

Arrival Flight into Israel \_\_\_\_\_

Return Flight to the USA \_\_\_\_\_

## Hotels:

Single Room

I will room with \_\_\_\_\_

**PLEASE INCLUDE A PHOTO COPY OF YOUR PASSPORT.**

## Payment:

**A minimum gift of \$25,000 to JNF's 2013 campaign is required to participate on this mission.**

One full land subsidy is provided per household.  
The land-only cost for an additional participant is \$1,200.

*\$250 deposit per person due at time of registration.*

*The deposit paid by the primary Negev Society Member will be returned after the mission ends. Any cancellation less than 30 days will forfeit the deposit.*

*You will be charged in full 60 days before the scheduled date of departure.*

*All charges to your credit card will appear as IsramWorld*

Please reserve \_\_\_\_\_ space(s). A deposit of \$\_\_\_\_\_ is enclosed (\$250 minimum per person plus optional insurance of \$199 per person)

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

*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](mailto: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:** 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 \_\_\_\_\_