

Jewish National Fund

PARSONS WATER FUND ROAD SHOW CONVENTION

Registration Form



JANUARY 19 - 27, 2011

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

Mission Co-Chairs: **Jeffrey Klein and Marvin Rosenberg**

Mission Professional: **Col. (Res.) Sharon Davidovich**

Please mail or fax back to:

Jewish National Fund, ATTN: HANNAH SCHWARTZ, 42 East 69th St., New York, NY 10021

Phone: (212) 879 - 9305 ext. 254 Fax: (212) 288 - 7475 Email: hschwartz@jnf.org

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

APPLICANT:

Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Rabbi ___
First _____ Middle Name _____ Last Name _____ Nickname _____
PASSPORT #* _____ EXPIRATION DATE _____ PLACE ISSUED _____
NATIONALITY _____ DATE OF BIRTH _____ BIRTHPLACE _____
Mailing Address _____
City _____ State _____ Zip _____
Phone (H) _____ Phone (W) _____ Phone (Cell) _____
Fax _____ E-mail _____

PASSENGER 2:

Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Rabbi ___
First _____ Middle Name _____ Last Name _____ Nickname _____
Relationship to Applicant _____
PASSPORT #* _____ EXPIRATION DATE _____ PLACE ISSUED _____
NATIONALITY _____ DATE OF BIRTH _____ BIRTHPLACE _____
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**

PASSENGER 3:

Mr.____ Mrs.____ Ms.____ Dr.____ Rabbi____
 First _____ Middle Name _____ Last Name _____ Nickname _____
 Relationship to Applicant _____
 PASSPORT #* _____ EXPIRATION DATE _____ PLACE ISSUED _____
 NATIONALITY _____ DATE OF BIRTH _____ BIRTHPLACE _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone (H) _____ Phone (W) _____ Phone (Cell) _____
 Fax _____ E-mail _____

PASSENGER 4:

Mr.____ Mrs.____ Ms.____ Dr.____ Rabbi____
 First _____ Middle Name _____ Last Name _____ Nickname _____
 Relationship to Applicant _____
 PASSPORT #* _____ EXPIRATION DATE _____ PLACE ISSUED _____
 NATIONALITY _____ DATE OF BIRTH _____ BIRTHPLACE _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone (H) _____ Phone (W) _____ Phone (Cell) _____
 Fax _____ E-mail _____

(Please list additional passengers on a separate sheet of paper and include with application.)

TRAVEL INSURANCE:

JNF strongly recommends that each participant purchase travel insurance which provides for reimbursement for trip delay/missed connections, sickness, medical expenses, accidental medical expenses, lost baggage/personal effects, baggage delays, etc.

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? _____

HOTEL:

___ Smoking ___ Non Smoking
 ___ Single Room *(additional charges apply)* ___ Please try to assign me a roommate *(if a roommate is not available you will be responsible for single supplement)*
 ___ I will room with _____

PLEASE INCLUDE A PHOTO COPY OF YOUR PASSPORT.

PAYMENT:

Land Only Price: \$4,400 (based on double occupancy)

Single supplement: \$950

lease reserve _____ space(s). A deposit of \$_____ (\$750 per person Registration Fee is required)

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.

There is a 3% service charge for all payments made by credit card. Please note that gratuities are included in the price of the mission.

Checks made payable to *Jewish National Fund*. _____ Check enclosed

Credit Card: Visa Mastercard AMEX Credit Card # _____

Name on Card _____ Expiration Date _____ Signature _____

Credit Card Authorization: I authorize Jewish National Fund 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, please call JNF at (212) 879 - 9305 or email hschwartz@jnf.org

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 Jewish National Fund.

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 Jewish National Fund 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 _____

PLEASE NOTE: TRAVEL ARRANGEMENTS ARE BEING ARRANGED BY THE ARAVA INSTITUTE.

For Office Use Only:

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

Project Information: _____

Additional _____