

JEWISH NATIONAL FUND PRESIDENT'S SOCIETY MISSION REGISTRATION FORM



OCTOBER 26 - 30, 2014

Optional Pre-Mission to Vienna, Austria and Bratislava, Slovakia: October 21 - 26, 2014

Mission Chairs: Ben Gutmann

Mission Professional: Glen Schwartz

Please mail or return by fax to:

IsramWorld, Attn: Missions Department, 90 John Street, Suite #602, New York, NY 10038

Phone: 212.661.1193 x9700 or 800.223.7460 x9700 • Fax: 212.983.8497 • 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 : (\$1,800 for land portion of Main Mission to Israel when sharing a room)

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 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 \$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 at 212.661.1193 x9700 or 800.223.7460 x9700.

_____ I/We will join the Main Mission to Israel only.

_____ I/ We will join the pre-mission to Vienna and Bratislava and the main mission to Israel.

_____ I/We will need assistance with international flight arrangements or other land arrangements before or after the trip.

_____ I/We do not need assistance with international flight arrangements.

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 \$10,000 to JNF's 2015 campaign is required to participate on this mission.

MAIN MISSION TO ISRAEL:

One full land subsidy is provided per household for the main mission to Israel.
The land only cost for an additional participant on the Main Mission is \$1,800.

PRE-MISSION TO VIENNA AND BRATISLAVA:

Land Only (based on double occupancy): \$3,200
Single Supplement: \$925

\$250 deposit per person due at time of registration. The deposit paid by the primary President's Society member will be returned after the mission ends. Additional \$500 deposit per person due for pre-mission also due at time of registration.

Any cancellation less than 30 days will forfeit the deposit. 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.

_____ Main Mission to Israel Only

_____ Main Mission and Optional Pre-Mission to Vienna and Bratislava

Please reserve _____ space(s). A deposit of \$_____ is enclosed (\$250 minimum per person and \$500 per person for Vienna and Bratislava pre-mission (if applicable) plus optional insurance of \$210 per person)

_____ 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.

For more information, contact Glen Schwartz at gschwartz@jnf.org or 561.447.9733.

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 _____