

EMUNAH of America
Conference Department
 7 Penn Plaza, Suite 205, New York, NY 10001
 (212) 947-5454 (877) 4EMUNAH FAX (212) 947-5326

The Great Israel Experience
May 31 – June 14, 2010

Please return this form by mail with your deposit, or fax to: 212-947-5326

Prima Kings, Jerusalem or Jerusalem Plaza (please circle)

_____ Single (Supplement applies) _____ Double Room/Share with _____

Title	PRINT PASSPORT NAMES	Date of Birth	Passport No.	Issue Date	Exp. Date	Place Issued

CHECK YOUR PASSPORT: Your passport must be valid for 6 months from your date of departure. If your passport is due to expire within 6 months of your trip RENEW IT NOW!

Name: _____ Home Phone: _____

Cell Phone: _____ Email (print clearly) _____

Mailing Address: _____

_____ Fax no: _____

El-AL Flights: May 31 JFK/TLV LY002 7PM - 12:25PM
 June 15 TLV/JFK LY001 1AM – 5:40AM

Special dietary request for EL AL: __Glatt __Vegetarian __Fish __Fruit
 EL AL frequent flyer no. _____ American Advantage #: _____
 Seat request*: Aisle ____ Window ____ *Please note: We have limited flexibility on seating.

Please indicate if you or your family members are first-time visitors to Israel: _____

- **A deposit of \$200 per person confirms your reservations.**
 ___ I have mailed a check payable to Emunah for my deposit.
 ___ Please charge to: Visa/MC no: _____ Exp. _____
- **FULL PAYMENT IS DUE: Monday, April 26 by check payable to Emunah, Visa or Mastercard.**
- **Cancellation: Until March 22, \$100 p/person is non-refundable. As of March 23, your deposit is non-refundable. After tickets are issued, EL AL cancellation fees will apply.**
- **For travel insurance: www.travelprotectors.com or call: 877-515-9055**

FOR MORE INFORMATION, PLEASE CALL:
DEBBIE (877) 4EMUNAH ♦ (212) 947-5454, EXT. 321 EMAIL: DEBBIE@EMUNAH.ORG