

CHINA 2018
Oct 29-Nov 13, 2018
 Application Form

I am an AACI Member.
 YES NO

PLEASE COMPLETE IN BLOCK CAPITALS WITH YOUR NAME AS IT APPEARS IN YOUR PASSPORT

		PASSENGER 1		PASSENGER 2	
LAST NAME					
FIRST NAME					
<i>Name you're called for nametag?</i>					
Date of Birth		<i>DD/MM/YYYY</i>		<i>DD/MM/YYYY</i>	
Passport Country					
Passport #					
Passport Date of Issue					
Passport Date of Expiry					
Email Address					
Mobile #	Home #	Fax #	Mobile #		
Home Address					
Flying with Group			El Al Matmid #s		
Kosher Airline Meal	Special Request	Vegetarian	Type of Room	Double	Single
Dietary Restrictions during trip					
Emergency Contact					
<i>Name</i>		<i>Phone #</i>		<i>Relationship</i>	
FORM OF PAYMENT: USD or NIS					
CHECK <input type="checkbox"/>	CASH <input type="checkbox"/>	CREDIT CARD: VISA <input type="checkbox"/>		MASTERCARD <input type="checkbox"/>	AMEX <input type="checkbox"/>
Credit Card #:				Security Code – <i>3 digits on back of card:</i>	
Expiry Date:			ID #:		
<p><i>PASSPORTS MUST BE VALID UNTIL AT LEAST APR 2019. YOUR PASSPORT MUST HAVE AT LEAST TWO EMPTY PAGES FOR VISAS. PLEASE SEND A PHOTO COPY OF YOUR PASSPORT WITH APPLICATION FORM</i></p> <p>PRICE per person in double: MEMBERS-\$5,470 /NON MEMBERS-\$5,520 SINGLE SUPPLEMENT \$870</p> <p><i>FINAL PAYMENT DUE BY Aug 14th AND WILL BE CHARGED TO YOUR CREDIT CARD AUTOMATICALLY W/O NOTICE.</i></p> <p><i>Deposit of \$400 per person due at time of registration.</i></p> <p><i>*Cancellation from time of registration until August 14th, 2018: \$400 per person. *Cancellation between August 15th-Sept 22nd, 2018: 50% *Cancellation from Sept 22nd to day of departure: 100%</i></p> <p><i>I have read and agree to terms and conditions of tour and understand the organizers reserve the right to cancel, alter or change any aspect of the tour without prior notification to the registrant. I authorize my contact details to be shared with my fellow trip participants and for any photos where I appear to be used for AACI promotional purposes.</i></p> <p>Ophir Tours and AACI are not responsible for any damage or loss to personal property during the tour.</p> <p>✓ SIGNATURE: _____ DATE: _____</p>					

I agree to share my contact details with the group: Yes No

PLEASE SEND TO: JERUSALEM: 03-526-9424, HENRIETTE_H@OPHIRTOURS.CO.IL NETANYA: 03-526-1714 SHARON_BE@OPHIRTOURS.CO.IL
 RAANANA: 09-777-7100, MARCELLE_K@CWT.CO.IL LIA H@OPHIRTOURS.CO.IL BEIT SHEMESH: 02-991-1474, DAWN_M@CWT.CO.IL

www.aacitravel.com

PLEASE NOTE: THIS TOUR REQUIRES ABILITY TO WALK DISTANCES & CLIMB STAIRS INDEPENDENTLY