

RUSSIA 2017
August 21-31,2017
 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					
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 Jan 2017</i> <i>YOUR PASSPORT MUST HAVE AT LEAST TWO EMPTY PAGES FOR VISAS</i> <i>PLEASE SEND A PHOTO COPY OF YOUR PASSPORT WITH APPLICATION FORM</i> PRICE per person in double: MEMBERS- \$4199/NON MEMBERS-add \$50 SINGLE SUPPLEMENT \$1,080 <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> <i>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> FINAL PAYMENT DUE BY June 22nd AND WILL BE CHARGED TO YOUR CREDIT CARD AUTOMATICALLY WITH OUT PRIOR NOTICE. <i>Deposit of \$300 due at time of registration. *Cancellation from time of registration until April 30th 2017: \$150 per person</i> <i>*Cancellation between May 01st-May31st 2017: \$1200 per person *Cancellation between June 01st-June 21st 2017: 50%</i> <i>*Cancellation from June 22nd to day of departure: 100%</i> SIGNATURE: _____ DATE: _____</p>					

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

PLEASE SEND TO: Henriette Levy, Ophir Tours, 6 Hanatziv, Tel Aviv

PHONE: +972-3-526-9511 **FAX:** +972-3-526-9619 **EMAIL:** Henriette_h@ophirtours.co.il

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