AACI'S SPAIN & GIBRALTAR 2017 November 15-23, 2017

Application Form

am an AACI Member.			-
	YES	NO	

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

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			PASSENGER 1				PASSENGER 2				
LAST NAME											
FIRST NAME											
Name you're called for nametag?											
Date of Birth											
			DD/MM/YYYY				DD/MM/YYYY				
Passport Cour	ntry										
Passport #											
Passport Date of Issue											
Passport Date of Expiry		y									
Email Address	S										
Mobile #		Home	Home #		Fax#		Mobile #				
Home Address											
Kosher	Special	Request	Vegetarian		Type of 1	Room	Room Double Single				
	Airline Meal										
Dietary Restrictions during trip											
Emergency Co											
FORMOER	Name	TION TYPE	Phone #				Relationship				
FORM OF P	CASH C		or NIS DIT CARD: VIS	Δ	МАЅТІ	ERCARD		AMEX			
Credit Card #		CKL	CREDIT CARD. VISA MASTE				Security Code – 3 digits on back of card:				
Expiry Date:					I.D	#:		3 digiis on back	oj cara.		
	IST BE VA	LID UNTIL	AT LEAST March	2018							
			EAST TWO EMPTY		FOR VISAS	S					
PLEASE SEND A PHOTO COPY OF YOUR PASSPORT WITH APPLICATION FORM											
PRICE per person in double: MEMBERS- €3,085/NON MEMBERS-add €50 SINGLE SUPPLEMENT €720 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. FINAL PAYMENT DUE BY September 18 nd AND WILL BE CHARGED TO YOUR CREDIT CARD AUTOMATICALLY WITH OUT PRIOR NOTICE.											
Deposit of €300 due at time of registration. *Cancellation from time of registration until May 31st 2017: €150 per person											
*Cancellation between June 1st-June 30th 2017: €1200 per person *Cancellation between July 1 st -August 21st 2017: 50% *Cancellation from August 22nd to day of departure: 100%											
*Cancellation fro SIGNATURE:	m August .	22nd to day	of departure: 100%	Ó	DATE:						
						7					
I agree to shor	a my con	tact datail	e with the groups	Voc	l No.	1					

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