

AACI's SPAIN & GIBRALTAR 2017

November 15-23, 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	Special Request	Vegetarian	Type of Room	Double	Single
Airline Meal					
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 March 2018</i></p> <p><i>YOUR PASSPORT MUST HAVE AT LEAST TWO EMPTY PAGES FOR VISAS</i></p> <p><i>PLEASE SEND A PHOTO COPY OF YOUR PASSPORT WITH APPLICATION FORM</i></p> <p>PRICE per person in double: MEMBERS- €3,085/NON MEMBERS-add €50 SINGLE SUPPLEMENT €720</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></p> <p><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></p> <p>FINAL PAYMENT DUE BY September 18nd AND WILL BE CHARGED TO YOUR CREDIT CARD AUTOMATICALLY WITH OUT PRIOR NOTICE.</p> <p><i>Deposit of €300 due at time of registration. *Cancellation from time of registration until Sep 18th 2017: €150 per person</i></p> <p><i>*Cancellation between Sept 19th-Oct 29th: 50% *Cancellation from Oct 30th to day of departure : 100%</i></p> <p>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: +972-3-526-9424 **FAX:** +972-2-624-0491 **EMAIL:** Henriette_h@ophirtours.co.il

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