

ROME 2018
Mar 5-8, 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	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 Sept 2018</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> <i>PRICE per person in double: MEMBERS-1790 EU /NON MEMBERS-1840 EU SINGLE SUPPLEMENT 260EU</i> <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> <i>Deposit of euro 250 per person at time of reservation.</i> <i>Final payment due by January 8th</i> <i>CANCELLATION: Cancellation from time of registration until January 8th - Euro 150 per person, January 9th-February 1st Euro 700 per person, February 2nd-February 15th- 60% of total package, February 16th-day of departure -100% cancelation fee</i></p>					
SIGNATURE:			DATE:		

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