

VERONA AND NORTH ITALY 2018

Aug 7-15, 2018

Application Form

I am an AACI Member.

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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 #:		
<ul style="list-style-type: none"> ✓ <i>PASSPORTS MUST BE VALID UNTIL AT LEAST Jan 2019</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-3890 EU /NON MEMBERS-3940 EU SINGLE SUPPLEMENT 690EU</i> ✓ <i>PAYMENT: Deposit of euro 200 per person at time of reservation. Final payment due May 7, 2018</i> ✓ <i>Cancellation from time of registration until May 7, 2018: Euro 200 per person</i> ✓ <i>Cancellation between May 7 – June 7 : Euro 1000 per person</i> ✓ <i>Cancellation between Jun 7- July 15: Euro 2700 per person</i> ✓ <i>Cancellation between July 15- Day of departure: 100%</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>SIGNATURE:</i> _____ <i>DATE:</i> _____ 					

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