INDIA 2018 December 9-25, 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 | | | | | | |
| Name you're called for | | | | | | |
| nametag? | | | | | | |
| Date of Birth | | | | | | |
| | DD/MM/YYYY | | DD/MM/YYYY | | | |
| Passport Country | | | | | | |
| Passport # | | | | | | |
| rassport # | | | | | | |
| Passport Date of Issue | | | | | | |
| Passport Date of Expiry | | | | | | |
| Email Address | | | | | | |
| Linui ruuress | | | | | | |
| Mobile # | Home # | Fax# | Mobile # | # | | |
| | | | | | | |
| Home Address | | | | | | |
| Flying with Group | | | Elal Matn | nid # | | |
| Kosher Special R | equest Vegetarian | Type of I | | Double | Single | |
| Airline Meal | equest vegetarian | Type of I | XUUIII | Dodoic | Single | |
| Dietary Restrictions dur | ing trip | • | 1 | | | |
| Emergency Contact | | | | | | |
| Name | Phone # Relationship | | | | | |
| FORM OF PAYMENT | Γ: USD or NIS | | _ | | | |
| CHECK CASH | CREDIT CARD: VI | SA MASTE | RCARD | AMEX | | |
| Credit Card #: | | | | Security Co | | |
| Expiry Date: | | 3 digits on back of card: | | | | |
| | | 1 | | | EULO EMPEN DACEG | |
| PASSPORTS MUST BE VALID UNTIL AT LEAST JUNE 2019. YOUR PASSPORT MUST HAVE AT LEAST TWO EMPTY PAGES FOR VISAS. PLEASE SEND A PHOTO COPY OF YOUR PASSPORT WITH APPLICATION FORM | | | | | | |
| PRICE per person in double: MEMBERS-\$5,585/NON MEMBERS-\$5,635 SINGLE SUPPLEMENT \$835 | | | | | | |
| FINAL PAYMENT DUE BY OCTOBER 1st AND WILL BE CHARGED TO YOUR CREDIT CARD AUTOMATICALLY W/O | | | | | | |
| NOTICE. | | | | | | |
| Deposit of \$400 per person due at time of registration . *Cancellation from time of registration until October 1, 2018: \$400 per person. *Cancellation between October 2nd-20th, 2018: \$1200 cancelation fee *Cancellation from October 20th-November 10th- | | | | | | |
| 50% cancelation fee, Cancellation from November 11th- to day of departure: 100% | | | | | | |
| 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. | | | | | | |
| | tos where I appear to be used re not responsible for any | | | | tour | |
| ✓ SIGNATURE: | re noi responsivie jor any | unnuge or toss to p | DATE: | operty during the l | wu. | |

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