

SIGNATURE:

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AACI EGYPT October 17-26, 2023

Application Form

PLEASE COMPLETE IN BLOCK CAPITALS						
PASSENGER 1				I am an AACI Member YES NO		
LAST NAME, FIRST NAME as it appears in your passport				Preferred name for nametag?		
Date of Birth	חח	D/MM/YYYY				
Passport #		Date of Issue				
Country		Date of Expiry	,			
Email Address						
Mobile #	Hom	ie #		Fax #		
PASSENGER 2				I am an AACI Member YES NO		
LAST NAME, FIRST N	IAME as it appears	s in your passport.		Preferred name for nametag?		
Date of Birth	DD	D/MM/YYYY				
Passport #		Date of Issue				
Country		Date of Expiry	,			
Frequent Flyer #						
I am flying from Israel	Yes/No:		Yes/No:			
Email Address						
Mobile #	Hom	ie #		Fax #		
Home Address						
Dietary Restrictions		ROOM TYPE:		Double / Twin / Single		
Emergency Contact: Name:						
Email	Phor	- "		Relationship		
I am interested: Read Torah O Lead Tefillah O Give a lecture/shiur O Subject:						
PASSPORT REQUIRMENTS: PASSPORTS MUST BE VALID UNTIL AT LEAST March 2024						
YOUR PASSPORT MUST HAVE AT LEAST TWO EMPTY PAGES FOR VISAS						
PLEASE SEND A PHOTOCOPY OF YOUR PASSPORT WITH APPLICATION FORM PLEASE SEE THE CANCELLATION POLICY/DECLARAION BELOW BEFORE SIGNING						
I have read and agreed to the terms and conditions of the 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 affirm that I am in good health and can climb stairs and walk distances independently. I authorize my contact details to be shared with my fellow trip						
can climb stairs and wa participants and for any p						
AACI & DH are not responsible for any damage or loss to personal property during the tour.						
Please sign below that you have read these instructions and understand the consequences.						

DATE:

DATE:

Price: \$5,675 per person in a double room including flights / \$5,075 per person in a double room not including flights

\$6,800 single room including flights / \$6,200 single room not including flights NIS 250 pp addition for non AACI member or join AACI

Payment & Cancellation Policy

Payment:	Cancelation:
From date of registration until August 19th – 50%	Until July 20, 2023, 25%
of the price	From July 21 to August 20 ,2023 50%
From August 20th to departure 100%	From August 21, 2023 100%
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CHECK CASH CREDIT CARD: VISA MASTERCARD OTHER Credit Card #:
Credit Card #:
Expiry Date: NAME ON CARD: SECURITY CODE:

Traveler's insurance which covers trip cancellation is required.

Please note that to complete registration **each participant** is required to read carefully, provide what is needed and sign the following declaration:

AACI IMPORTANT AND OBLIGATORY INSTRUCTIONS PRIOR TO TRAVEL

As of Sept 30, at midnight the only requirement is a Health declaration form: NO PCR's necessary, we recommend bringing copies of your vaccination documentation with you) Health declaration form: will be received on plane. For those traveling independently here is the link for the correct form:

Passports

Please submit clear copies of all of your passports, Israeli & Foreign ones. Holders of Israeli passports must exit and enter Israel on this passport but can use their foreign on to enter Egypt. Passports must be valid for more than 6 months.

Travel Insurance

It is required that you take out a comprehensive travel insurance policy that covers you the entire time you are away from home Your policy should cover the following:

- Full trip cancellation and curtailment including flights.
- Loss or damage to property and baggage
- Medical costs and personal accident

Don't forget to pack a copy of your policy, contact phone numbers and instructions on how to claim in the unlikely event that it is necessary.

These requirements are subject to change according to Government directives.

We wish to kindly remind all registrants again that the above requirements are obligatory and the travelers responsibility. AACI will try to assist you <u>but</u> are not responsible for failure to do so which may cause you financial loss and missing the trip.

Please sign below that you have read these instructions and understand the consequences.

PLEASE EMAIL FORMS AND PASSPORT COPIES TO INFO@AACI.ORG.IL and to TALI.KEMPER@DIESENHAUS.CO.IL

NAME	SIGNATURE	DATE
NAMF	SIGNATURE	DATE