

CONGREGATION BETH ISRAEL
May 30 – June 8, 2010

REGISTRATION FORM

Legal Last Name _____ Legal First Name _____
___Mr. ___Mrs. ___Ms. ___Dr. (name as it appears on passport)

Legal Last Name _____ Legal First Name _____
___Mr. ___Mrs. ___Ms. ___Dr. (name as it appears on passport)

Street
Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____ Fax Number _____

ROOMMATE

TRAVELING WITH

SINGLE ROOM request at a supplement of \$995.00 _____ Yes _____ No

Interested in a BUSINESS CLASS UPGRADE at a supplement to be advised ___Yes___ No

PASSENGER #1: NAME _____

CONTINENTAL ONEPASS NUMBER _____

PASSENGER #2: NAME _____

CONTINENTAL ONEPASS NUMBER _____

SEATING PREFERENCE _____Aisle _____Window _____ Seat w/roommate adjacent.
(Every effort will be made to accommodate seating preference, however, requests cannot be guaranteed).

SPECIAL MEAL request for flights (if applicable) _____

PASSPORT INFORMATION

Citizenship _____

PASSENGER #1

Passport Nbr. _____ Place of issue _____

Date of Issue _____ Date of expiration _____

Date of birth _____ Place of birth _____

PASSPORT INFORMATION

Citizenship _____

PASSENGER #2

Passport Nbr. _____ Place of issue _____

Date of Issue _____ Date of expiration _____

Date of birth _____ Place of birth _____

METHOD OF PAYMENT

_____ Paying by check

_____ Paying by credit card

I, _____, authorize Frosch International Travel, Inc., to charge \$500. per person for deposit (\$100. per person of which is non refundable) to the following credit card upon receipt of this registration form, and the final balance on or before Friday, February 26, 2010.

_____ Visa _____ Mastercard _____ American Express _____ Discover

Credit Card Number _____ Expiration Date _____

Name as it appears on card _____ Security Code # _____

Signature _____

***Signature required for credit card charges. Participant acknowledges and authorizes Frosch International Travel, Inc. to charge credit card. A 4% processing fee applies for credit card charges.**

Frosch International Travel reserves the right, and if warranted, will pass on to participant, any price increase due to government airline tax increase and/or increase in fuel charges should they come into effect at any time prior to departure, in addition to any fluctuation in the Shekel exchange rate.

I have carefully read the tour brochure and agree to its contents, conditions and advisories. I have also been advised to purchase **trip cancellation insurance**. If I decline the trip cancellation insurance, I understand all cancellation policies outlined in the brochure apply to me with no exceptions.

Signature Required _____ **Date**_____

Please complete this form and send with a deposit of \$500.00 per person to:

Ms. Nancy Barr, Group Department (nancy.barr@frosch.com)
Frosch International Travel, Inc.
One Greenway Plaza, Suite 800
Houston, TX 77046
713-590-8152-phone, 713-850-0027-fax