*Journey to Israel with Temple Emanu-El*

# May 5-16, 2019

Led by Rabbi Debra Landsberg & Marlene Myerson

***RESERVATION FORM***

**NAME (1)** - AS IT APPEARS ON PASSPORT -………………………………………………………………….MR / MRS / MS **NAME (2)** - AS IT APPEARS ON PASSPORT -………………………………………………………………….MR / MRS / MS ADDRESS...........................................................................................................................…….........................................................

CITY............................................................................PROV/STATE........................................POSTAL CODE.................................

PHONE: HOME ( ).........................................BUS ( )............................................FAX ( )............….…….……………..

MOBILE: ( )………………. …………....... E-MAIL……………………………………………………………………………...

**ACCOMMODATION:**

I REQUIRE A SINGLE ROOM ……..I WOULD LIKE TO SHARE A ROOM……………………………………………...(PLEASE PROVIDE NAME IF KNOWN)

**ALL INCLUSIVE INSURANCE:** YES……..NO........ ….…………………………......................(Signature required if declining insurance) Insurance is optional, however highly recommended. Additional details re travel insurance & premium for all ages, provided upon request. The amount quoted, is subject to change until insurance is purchased.

**PAYMENT**: **DEPOSIT PLUS THE INSURANCE PREMIUM IS REQUIRED AT THIS TIME. BALANCE DUE 60 DAYS PRIOR TO DEPARTURE**

***Payment may be made by cash or cheque – for credit card payment there will be a 3% Merchant Bankcard fee***

**APPLICANT (1)**

PASSPORT NUMBER......................................NATIONALITY………………………………………… DATE OF ISSUE..........................……….........DATE OF EXPIRY……………………...................... DATE OF BIRTH........................…FREQUENT FLYER NO. & AIRLINE…………………………….

**APPLICANT (2)**

PASSPORT NUMBER......................................NATIONALITY………………………………………..

DATE OF ISSUE..........................……….........DATE OF EXPIRY……………………...................... DATE OF BIRTH...........................FREQUENT FLYER NO. & AIRLINE……………………………..

Extend my/our stay in ………………and return on (date)……………Please call our office with details.

*INDICATE IF: (a) SPECIAL MEALS REQUIRED ON FLIGHTS:…………………………….*

1. *ASSISTANCE AT AIRPORTS……………………………………………….*
2. *UPGRADE TO BUSINESS CLASS PREFERRED: YES……..NO…….availability and cost to be advised)*

***WE REQUIRE A PHOTOCOPY OF YOUR PERSONAL INFORMATION PAGE FROM YOUR PASSPORT, ALONG WITH THIS FORM AND THE DEPOSIT, TO BE MAILED TO AMIRON TRAVEL.***

**NOTE: Your Canadian Passport must have a validity of 6 months after date of return.**

**RESPONSIBILITIES: AMIRON TRAVEL act as agents for the various owners or contractors providing hotels, means of transportation or other services, and the issuance and acceptance of services and tickets shall be deemed to be consent to the further condition that Tours and Travel Centre not become liable or responsible in any way for any personal or property loss, damage or injury howsoever caused or arising.**

**PLEASE ENCLOSE YOUR CHEQUE PAYABLE TO:**

## AMIRON TRAVEL

405 -1018 Finch Ave. West Toronto, Ontario, Canada. M3J 3L5

PHONE: (416) 630-5024 (EXT. 30 or 23) OR 1-800-644-1965 FAX: (416) 630-8093

## Email: amirontravel@hotmail.com

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