

Registration Form

Please check all the trip segments that you are registering for:

Zachor Journey to Poland
 Israel Encounter Trip
 Eilat-Petra

Extension

May 17 – 22, 2019
 May 23 – June 3, 2019
 June 3 – 5, 2019

Complete this registration form and MasterCard/Visa or American Express deposit authorization form and mail/submit to: **Mark Reichard 23307 Los Codona Ave, Torrance, CA 90505**

(to arrive by October 4, 2018)

If you are registering for **both the Israel and Poland trips**, please submit a deposit of \$500 for each trip segment for a total deposit of \$1,000 per person. No deposit is required for the Petra extension.

You can also pay the \$500 deposit per person/per trip segment via undated check made payable to Educational Encounter International Inc and mailed/submitted to Mark with the registration form

Please include a clear photocopy of the first page of each passport. Your passport must be valid for 6 months beyond your stay in Israel. If you are renewing/applying for a passport, please complete and submit the registration form with the deposit and forward the missing information later.

Registration & Contact Information

Please provide the information requested below for each person registering. **Each name must be spelled exactly as it appears on your passport.** U.S. & Canadian passport holders do not need to arrange a visa in advance to enter Poland, Israel and Jordan. Other nationalities must check with the nearest Polish, Israeli and Jordanian consulates. Please note any special health/dietary considerations of which we should be aware, including allergies and physical limitations which might affect your participation in any part of the trip.

Participant #1:

Family name: _____		Given Name: _____	
Passport #: _____	Nationality: _____	Expiration Date: _____	
Date of Birth: _____	Roommate: _____		
Health/Dietary Considerations: _____			

Participant #2:

Family name: _____	Given Name: _____
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_____		_____	
Passport #: _____	Nationality: _____	Expiration Date: _____	
Date of Birth: _____	Roommate: _____		
Health/Dietary Considerations: _____			

Your Personal Contact Information:

Address: _____ _____			
City: _____	State: _____	Country: _____	Zip: _____
Home #: _____	Cell #: _____		
E-mail #1: _____		E-mail #2: _____	

Emergency Contact Information:

Name: _____ _	Relationship: _____	Home #: _____
Cell #: _____	Work #: _____	E-mail: _____

Trip Insurance Keshet urges you to purchase cancellation insurance and supplemental medical coverage covering preexisting conditions. We recommend the "Cancel For Any Reason" policies which offer the broadest coverage. The medical coverage included in most travel insurance is a secondary, supplemental policy, which means that in case of a medical claim, you will first need to file with your own US medical insurance before filing for coverage of medical expenses covered by the travel insurance. **Please note:** We cannot accept responsibility for any losses or expenses that you or any member of your party may incur because of failure to secure adequate insurance coverage

Disclaimers & Authorizations

- Temple Emet Zachor Journey to Poland
- Temple Emet Israel Encounter Trip
(Remember to pay \$500 deposit per person, per trip)

For the following traveler(s):

_____ **Full Name of traveler(s) as appears on passport(s)**

X _____
(Signature of Cardholder)

Billing address exactly as shown on your credit card billing statement:

Street and house/apartment number: _____ City: _____

State _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____

Cardholders e-mail address for confirmation:

E-mail: _____

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(to arrive by October 4, 2018)

Educational Encounters International, Inc.
110 Chestnut Ridge Road, Suite 228, Montvale, New Jersey, 07645

American Express Credit Cardholder's Authorization

In lieu of my credit card imprint, I, _____
(Name of Cardholder exactly as shown on Credit Card Account)

hereby authorize **Educational Encounters International to charge my American Express Card**

_____ (Please circle one) _____ (Credit Card Number) _____ Security Code
(Exp. Date)

The amount of US \$ _____

In payment of \$500 deposit per person for the following trip(s)

- Temple Emet Zachor Journey to Poland
- Temple Emet Israel Encounter Trip
(Remember to pay \$500 deposit per person, per trip)

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