



Leadership Mission to Israel

Please choose one option:

Full Mission February 23 – March 1, 2020

Mission Segment I February 23 – 27, 2020

Registration Form

Deposit & Registration

Please register and send a \$500 deposit **per person** to arrive by **November 22, 2019** using one of the following methods:

Online: Register and pay with MasterCard or Visa online at:

https://keshetisrael.formstack.com/forms/zoa_leadership_mission_to_israel_2020

Mail: Send this 2 page registration form, completed and signed with a check payable to Educational Encounters International, Inc to: **Educational Encounters International, Inc. 110 Chestnut Ridge Road, Suite 228, Montvale, N.J. 07645**

Please include a scan or photocopy of the first page of **each** passport. **Passports must be valid through six 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 a visa to enter Israel. Other nationalities must check with the nearest Israeli consulate. 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:

Last name: _____ Given Name: _____

Passport #: _____ Nationality: _____ Expiration Date: _____

Date of Birth: _____ Roommate: _____

Health/Dietary Considerations: _____

Participant #2:

Last name: _____ Given Name: _____

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: _____

Your last name: _____

Trip Insurance Keshet urges you to purchase cancellation insurance and supplemental medical coverage (which covers preexisting conditions). We recommend the "Cancel For Any Reason" policies which offer the broadest coverage. Please note that most insurance policies require purchase within 14 days of your date of registration for the trip. While you are free to purchase insurance from any company of your choice, Keshet has made arrangements with SMS-Travel Insurance Center of Omaha, Nebraska. SMS has over 25 years of experience as worldwide insurance brokers and can help you choose the policy that best meets your needs. Our contact people are Jeffrey Barr and Dani Eisenstock E-mail: info@travelinsuranceisrael.com USA phone: 1-888-747-3773 Mention promo code: KESHET. Please note: We cannot accept responsibility for any losses or expenses that you or any member of your party may incur as a result of failure to secure adequate insurance coverage.

Disclaimers & Authorizations

Keshet: The Center for Educational Tourism and Educational Encounters International, Inc. act only as an agent for the tour participants in making arrangements for hotels, transportation, touring, restaurants, or any other services in connection with the itinerary. We will exercise reasonable care in making such arrangements. However, we do not assume any liability whatsoever for any injury, damage, loss, accident, delay or irregularity to person and property because of an act of default of any hotel, airline carrier, restaurant, company, or person rendering any of the services included in the tour. The right is reserved to cancel or change itineraries or to substitute comparable service without notice. The right is reserved to decline or accept or retain any tour passengers should such person's health or general deportment impede the operation of the tour to the detriment of the other tour participants. Rates are based on standard rooms unless otherwise indicated. No refunds will be given for unused package inclusions. Itineraries may be altered as a result of security, logistics or weather concerns determined by either Keshet or the contracting group. Costs associated by such changes are the responsibility of the group. In the event of devaluation of the US dollar, hotels and other vendors may add surcharges; Keshet reserves the right to pass such increases on to trip participants. Keshet may use photographs/videos taken on the trip for promotional purposes. If you do not want your photo/ video to be used please notify us in advance. Pricing is based on a minimum number of participants. Should the group number fall below the minimum, Keshet reserves the right to alter the program and/or recalculate the pricing.

Land Package Price Per Person: \$3,450 Full Mission/\$2,750 Mission Segment I Only. Price includes Standard Tips & Gratuities for guides, bus driver, hotel bell staff and waiters for included meals. Price is per person sharing a double room based on a minimum of 25 paying participants. *If there will be fewer than 25 paying participants, the price per person will increase.* If you would like single hotel room accommodations please add \$980 for the full mission; \$550 for Mission Segment I only (limited availability). Please note that all listed prices are valid for tourists only (non-Israeli citizens). **Israeli citizens will need to add 17% Value Added Tax as per Israeli law.**

Refund Schedule For cancellation or non-participation for **any** reason

Cancellation after	Refund
November 22, 2019	Full refund less \$400 per person
December 19, 2019	Full refund less \$ 1,900 (Full Mission). Full refund less \$ 1,550 (Mission Segment I)
January 23, 2020	No Refund
Notice of cancellation must be submitted via e-mail to danny@keshetisrael.co.il	

Signature My signature below indicates that I have read, understood and agreed to the above and that all information provided by me is complete and accurate.

Signature of Participant_____
Signature of Participant_____
Date

Keshet Educational Journeys

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