

REGISTRATION FORM & ITINERARY
Friends of Nature Israel Mission 2019
November 3-8 2019

Mission Price includes all land based costs including five star accommodation, activities, transport, entrance fees and guide, excluding two free evenings in Jerusalem and Tel Aviv.

Please contact Lawrence Kasmir at SPNI with any questions: lawrence@spni.org.il

Participant 1:

Full name

Passport Number: _____ Passport Expiry ____/____

Nationality _____ Date of Birth ____/____/____

Address:

Telephone (H) _____ Telephone (C) _____

e-mail address: _____

Medical Information:

Do you have any allergies or special medical conditions?

Dietary Requirements:

Do you have any special dietary requirements?

Participant 2:

Full name:

Passport Number: _____ Passport Expiry ____/____

Nationality _____ Date of Birth ____/____/____

Address:

Telephone (H) _____ Telephone (C) _____

e-mail address: _____

Medical Information:

Do you have any allergies or special medical conditions?

Dietary Requirements:

Do you have any special dietary requirements?

Emergency Contact Details:

Emergency Contact: _____ Relationship to you: _____

Telephone Number (H) : _____ Telephone Number (C): _____

Address:

e-mail: _____

Flight Details:

I am arriving in Israel on _____ Airline & flight number _____

I am leaving Israel on _____ Airline & flight number _____

Accommodation:

I want to take the single supplement: YES/NO

I want to share with _____ :

Price:

Shared occupancy: (land based price) \$3,399p/p Number of Participants: ____

SingleOccupancy (land based price): \$4,499 p/p Number of Participants: ____

PARTICPANTS ARE RESPONSIBLE FOR AND EXPECTED TO HAVE THEIR OWN TRAVEL INSURANCE

PLEASE INCLUDE A PHOTOCOPY OF YOUR PASSPORT

Payment Details:

Payment must be made in \$US (or €Euros for Europeans) to avoid paying VAT.

Payment Terms: Deposit \$1000. Remainder by one month prior to arrival.

Payment Options: can be done by direct wire to bank account (preferred) or by credit cards (all excepting American Express) with surcharge of 3%.

Our bank details:

THE FIRST INTERNATIONAL BANK OF ISRAEL LTD.

FOR THE JERUSALEM MAIN BRANCH (012)

10 Hillel Street, Jerusalem (May also appear via the Main Branch on 9 Ahad Haam, Tel Aviv)

ACCOUNT NUMBER: 295558

ACCOUNT NAME: Shatour Israel Experience Ltd.

SWIFTCODE: FIRBILITXXX

IBAN #: IL850310120000000295558

Please put SPNI 2019 as the reference

For payment by credit card fill in page bellow, and return.

NOTE: Please send us your name, address and passport # and nationality when payment is made – this is required by tax authorities.

Responsibility: Shatour acts only as agents for the various companies supplying the services of the tour and shall not be held liable in any way for injury, damage, loss, death, accident, delay or irregularity to any person or property, including air transportation or changes in itinerary due to circumstances beyond our control.

Please sign this form and send by return fax to: 972-2-586-9250 or scan and mail back.

CREDIT CARD CHARGE AUTHORIZATION FORM

Date:

Reservation in the Name:

E-mail Address:

Address:

Telephone & Fax Number:

Passport Number:

Total Cost: + 3% surcharge =

We accept Mastercard , Visa, and Diners (not AmericanExpress)

Credit Company:

Card Number:

Card expiration: _____

Billing Name as it appears on card:

Signature: _____

I hereby certify that my signature is proof of my acceptance of the above charge.

Terms and Conditions:

Security: I affirm that my participation in this mission is voluntary and that I am aware of the risks related with traveling overseas, including risks associated with my safety and security. I agree to abide by the security directives issued by SPNI during the course of the mission. I understand that should I travel outside the parameters and/or location of the mission, I do so at my own risk and thus release SPNI of any obligation or responsibility for my safety and security. In addition, I hereby release SPNI and any of its trustees, officers, agents and employees from any claims, which may accordingly arise during the course of the mission.

Medical Condition: Mission program requires participants to be in stable and good physical and mental health, confident in their ability to undertake all activities reflected in the mission itinerary. Due to safety issues, it is requested that physical disabilities of any kind be advised at the time of registration. It is understood that participants requiring special attention or treatment will be traveling with a companion. As our missions usually involve walking on unlevelled terrain, wheelchair participants or those with physical limitations would not benefit from this program due to the special pace required to complete the activities set for each day.

Code of Conduct: SPNI reserves the right to dismiss any participant should their behavior conflict with the code of conduct required during an SPNI mission. I agree to abide by the code of conduct set forth by the SPNI staff member for the course of the mission. **Photography Release:** I hereby grant permission, without reservation; to SPNI to take and to use photographs and/or sound/image recordings of me, and to use the same for the promotion of marketing, public education and/or fundraising and other related activities of SPNI. I waive any right to inspect or approve the photograph(s) and/or sound/image recordings. I release SPNI, its officers, trustees, agents, employees, independent contractors, licensees and assignees (including photographers), from all claims that I may have or might have, for any cause of action arising from the taking and/or use of the photographs and/or any sound/image recordings, and/or description of the same. In addition, I waive any right to a copyright of the aforementioned photos and/or

sound/image recordings. By signing below, I affirm that all the medical information I have provided on this application is true and accurate. I also hereby affirm, having read the above, that I am in sufficient health to participate in this mission and that to the best of my knowledge I do not have any medical condition which would inhibit or prevent my full participation.

Insurance: All participants are required to have their own fully comprehensive personal insurance for the full duration of their stay in Israel including the mission.

CANCELLATION: If you cancel your trip, the following charges may apply: non refundable cancellation charge of \$250; cancellation 31-59 days prior to the trip departure, 25% of total land cost; cancellation 15-30 days prior to the trip departure 50 % of total land cost; cancellation made 14 days or less prior to departure, no refund. In case of cancellation due to security situation by SPNI or tour operators – full reimbursement minus \$100 administration.

Responsibility: Shatour acts only as agents for the various companies supplying the services of the tour and shall not be held liable in any way for injury, damage, loss, death, accident, delay or irregularity to any person or property, including air transportation or changes in itinerary due to circumstances beyond its control.

By signing below, I affirm that all the medical information I have provided on this application is true and accurate. I also hereby affirm, having read the above, that I am in sufficient health to participate in this mission and that to the best of my knowledge I do not have any medical condition which would inhibit or prevent my participation.

Name _____

Signature _____

Date _____