



## REGISTRATION FORM

ANY QUESTIONS? Please call 617-559-8709 or email [cajl@hebrewcollege.edu](mailto:cajl@hebrewcollege.edu).

### Hebrew College/Me'ah Scholar's Tour: Biblical and Rabbinic History with Dr. David Bernat August 3–16, 2005

Registrations will be processed on a first-come, first-served basis. Please register as soon as possible to ensure your space.

**FINAL REGISTRATION DEADLINE**—postmarked by May 1

#### REGISTRATION REQUIREMENTS

- A \$300 per person deposit
- A copy of the front page of each person's passport
- A completed registration form mailed to:  
Educational Encounters International, Inc.  
626 Cortland Avenue  
Mamaroneck, NY 10543

ANY QUESTIONS? Please call 617-559-8709 or email [cajl@hebrewcollege.edu](mailto:cajl@hebrewcollege.edu).

#### PARTICIPANT #1

Name as it appears on passport \_\_\_\_\_

I am a Me'ah student or graduate     I am not a Me'ah student

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email \_\_\_\_\_

Passport Number \_\_\_\_\_

Nationality \_\_\_\_\_ Expiration date \_\_\_\_\_

#### I AM REGISTERING FOR THE FOLLOWING OPTIONS:

Flying from Boston—Double Occupancy

Final registration—\$3,375

Flying from New York—Double Occupancy

Final registration—\$3,495

Land Only—Double Occupancy

(for those making their own flight arrangements)

Final registration—\$2,230

Single Room Supplement

(added for those choosing the option of a single room)

\$365

**ROOM ASSIGNMENTS**

- I will share a room with my spouse/significant other listed on the next page.
- I would like to room with \_\_\_\_\_
- Please assign me a roommate. I understand I will be charged the single room supplement if a roommate cannot be assigned.
- I want a single room (please check single room supplement on previous page).

**ROOM PREFERENCE** Room preferences in Israeli hotels cannot be guaranteed, but we will make every effort to fulfill requests.

- Non-smoking room
- Smoking room

**SPECIAL DIETARY REQUIREMENTS:** \_\_\_\_\_

All meals provided on the program in Israel will be strictly kosher as certified by the Israeli Rabbinate.

**FREQUENT FLYER MILES** This trip will be flying on Air Canada from Boston and El Al from New York. They each credit miles to the frequent flyer accounts for the carriers listed below. Please check one carrier you want miles assigned to and fill in your frequent flyer account number.

FOR THOSE FLYING FROM BOSTON:

FOR THOSE FLYING FROM NEW YORK:

- Air Canada
- United Airlines
- US Airways

- El Al
- Delta
- American

Frequent Flyer Account Number \_\_\_\_\_

Frequent Flyer Account Number \_\_\_\_\_

**AIRLINE MEALS** Please check your preference for airline meals:

- Kosher
- Vegetarian
- Vegan
- Standard meal provided by the airline
- Other \_\_\_\_\_

**AIRLINE SEAT REQUESTS**

- No preference
- Window
- Aisle
- Seated next to \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

**IMPORTANT MEDICAL INFORMATION** (any medical conditions that the trip staff should know about—illnesses under a physician’s care, prescription medications, allergies, etc.) \_\_\_\_\_

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## PARTICIPANT #2

Name as it appears on passport \_\_\_\_\_

I am a Me'ah student or graduate    I am not a Me'ah student

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email \_\_\_\_\_

Passport Number \_\_\_\_\_

Nationality \_\_\_\_\_ Expiration date \_\_\_\_\_

### I AM REGISTERING FOR THE FOLLOWING OPTIONS:

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Land Only—Double Occupancy

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FOR THOSE FLYING FROM BOSTON:

Air Canada    United Airlines    US Airways

Frequent Flyer Account Number \_\_\_\_\_

FOR THOSE FLYING FROM NEW YORK:

El Al    Delta    American

Frequent Flyer Account Number \_\_\_\_\_

**AIRLINE MEALS** Please check your preference for airline meals:

Kosher    Vegetarian    Vegan    Standard meal provided by the airline    Other \_\_\_\_\_

**AIRLINE SEAT REQUESTS**

No preference     Window     Aisle     Seated next to \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

**IMPORTANT MEDICAL INFORMATION** (any medical conditions that the trip staff should know about—illnesses under a physician’s care, prescription medications, allergies, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE REVIEW AND SIGN**

**REGISTRATION, CHANGES AND PRICING** The price of this trip includes roundtrip airfare from Boston or New York (if applicable), hotel, transportation, educational program and meals as listed on the itinerary. All applications will be processed on a first-come, first-served basis. Hebrew College and Keshet: The Center for Educational Tourism in Israel reserve the right to limit participation based on eligibility requirements and space available. We reserve the right to decline to accept or retain any tour participant should such person’s health or general deportment impede the operation of the tour to the detriment of the other tour participants. Although it is unlikely that we will have to change itineraries, we reserve the right to change itineraries, alter arrangements or substitute comparable service without notice. Costs associated with program changes necessitated by either weather or security concerns will be borne by participants.

**PAYMENT** A \$300 deposit per person is required with this application. **The balance of the charge is due by May 15, 2005.** If the balance is not paid by that date, we reserve the right to cancel your reservation and retain the deposit. Payments by credit card will incur a 3 percent surcharge. Please make checks payable to Educational Encounters International, Inc. and mail them, with this form and a copy of the front page of each person’s passport, to Educational Encounters International, Inc., 626 Cortland Avenue, Mamaroneck, NY 10543.

**CANCELLATION POLICY** You may cancel your reservation by calling Hebrew College at 617-559-8709 or emailing [cajl@hebrewcollege.edu](mailto:cajl@hebrewcollege.edu). The following penalties will apply:

CANCELED ON OR BEFORE	CANCELLATION FEE
March 1	\$150
May 1	\$300
May 15	\$750
June 1	\$1,500
June 30	Total money paid

Hebrew College and Keshet: The Center for Educational Tourism in Israel reserve the right to cancel this tour if a minimum of 25 participants have not registered by the time your balance is due. If we cancel, we will return to you all the money you have paid.

**SINGLE ROOM SUPPLEMENT** You will be charged and agree to be responsible for the single room supplement if you have requested that a roommate be assigned to you but no roommate can be assigned.

**TIPS** Tips are not included in the advertised cost for this trip. You will be billed for these items and agree to pay them when the balance is due on your account.

**PHYSICAL FITNESS** This trip involves walking, sometimes many hours a day. Please be sure you are able to handle the physical exertion before registering. Comfortable walking shoes will make your trip more enjoyable.

**TRAVEL INSURANCE** Hebrew College strongly recommends that each participant purchase travel insurance that provides for trip cancellation, trip delay/missed connections, medical expenses resulting from sickness or accident, and lost baggage. Please call Travelex Insurance Services (1-800-228-9792, locator code 326260) for insurance coverage for this trip. We recommend you ask for the "Travel Lite" package.

**NOTICE OF RISKS OF TRAVEL AND RELEASE** The undersigned acknowledges that international travel involves risk, including physical activity for some of our programs. The undersigned is voluntarily participating in this tour and hereby agrees to accept any and all risks of participating in the trip. The undersigned agrees on behalf of himself/herself and his/her executors, administrators, heirs and assigns, to hereby release Hebrew College, Keshet: The Center for Educational Tourism in Israel, Educational Encounters International, Inc., and any of their directors, trustees, officers, agents and employees from any claims, demands and causes of action for personal injury or death or loss of or damage to personal property arising from or occurring in connection with his/her/their participation in this trip or arising out of any medical treatment or first aid provided or procured for him/her/them or for any loss or damages resulting from circumstances beyond the control of Hebrew College, Keshet: The Center for Educational Tourism in Israel and Educational Encounters International, Inc. such as strikes, riots, war, government action or what is commonly termed "force majeure."

**I/WE AGREE TO THE PRECEDING CONDITIONS FOR THIS TRIP.**

**PARTICIPANT #1**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**PARTICIPANT #2**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_