



Registration Form

For accuracy, please print or type all info as shown on your Passport.

Please reserve _____ space(s) for me (us) on the 8 Day Tour 11th Annual Holy Land Israel hosted ELSHAD I TELEVISION NETWORK - \$1500 USD per person from, double occupancy.

___ I wish single room occupancy at an additional cost of \$800.00. Enclosed is non refundable REGISTRATION and reservation in the amount of \$100.00 per person I (we) have read and understand the terms and conditions of the tour.

Full Name _____ Date of Birth _____

Physical Address (No Post Office Boxes)

Street _____

City _____ State _____ Zip _____ Country _____

Phone (Mobile) _____ (Home) _____

E-mail _____

Emergency Contact Person Name _____ Phone _____

Relationship To you _____

Mailing Address (if different from physical address) _____

Person traveling with you if any and sharing a room with you:

Full Name _____ Phone _____

Departure City and Country _____

Your Name Print _____

Signature _____ Date _____

REGISTRATION and reservation Fee \$ _____ Received by _____