

RESERVATION FORM
Women on the Walls
Led by Rev. Christine Darg
January 21-25, 2010

Package price per person, based on double occupancy; USD\$600*
Package price per person, based on single room occupancy; USD\$740

Special hotel rate for pre/post conference, including daily breakfast:

Per person, based on double occupancy; USD\$40

Per person, based on single room occupancy; USD\$75

*** cost in UK Pounds, Euros and other currencies calculated at exchange rate
on day of registration. Credit cards add 4%***

NAME (per passport) _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

Home Tel No.: () _____ Work Tel No.: () _____

Name of roommate, if known _____ E-mail: _____

Date of Birth _____ Passport No. _____ Issue date _____ Expire date _____

Name preference for name badge _____

Flight arrival date _____ Flight arrival time to TLV _____

Flight departure date _____ Flight departure time from TLV _____

I Would like to check into the hotel on date _____ and check out date _____

() I would like to request a single room.

I am responsible to arrange my own travel insurance and therefore I hereby indemnify Exploits Ministry, Daystar International and Ami Travel from any expenses due to items not included in the tour package, medical needs, injury or theft.

Signed _____ Date _____

Enclosed is my payment of \$250 per person. Balance due December 21, 2010.

For credit card payments. Add 4.00%. See form below.

Please make checks in USD\$ only, payable to AMI Travel, Inc. and mail to:

From USA: AMI Travel, attn. Lebbie. 5809 N. Cicero Ave. #1, Chicago, IL 60646. Fax: 1-773-777-4921

From outside USA: Amos Mazur, 22 Groneman Street. Tel Aviv 69972, Israel. Fax: +972-3-641-6621



CREDIT CARD AUTHORIZATION FORM

Please complete and sign the following form and return via fax to: **AMI Travel, Inc.** at:
Sending Fax from USA: +1-773-777-4921. Sending fax from Europe: +972-3-641-6621

Group Name: WOW program in Jerusalem – January 21-25, 2010

NAME (Print exactly as it appears on the credit card)

First Name Last Name Phone Number

ADDRESS (as appears on credit card statement)

Number Street Apt. # City State ZIP

TYPE OF CARDS ACCEPTED

Please check: **VISA** **MASTERCARD** **AMEX** **DISCOVER**

Credit Card Number:

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AMOUNT OF CHARGE: \$ _____ **EXP. DATE:** ____/____/____

PROCCESING FEE: (4.00%) \$ _____

TOTAL AMOUNT: \$ _____

This charge is to applied to the following travelers: Name(s) **exactly** as on passport(s)

I hereby authorize AMI Travel, Inc. and/or its suppliers to charge the above credit card for the listed amount.

Card Holder Signature: _____

Date: _____ Approval #: _____