

**RESERVATION FORM**  
**ISRAEL PASSOVER CONFERENCE**

**Led by Rev. Christine Darg**

**March 21-26, 2010**

*Package price per person, based on double occupancy; USD\$770*

*Package price per person, based on single room occupancy; USD\$970*

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

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

*Per person, based on single room occupancy; USD\$55*

NAME (per passport) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Tel No.: (     ) \_\_\_\_\_ Work Tel No.: (     ) \_\_\_\_\_

Name of roommate, if known \_\_\_\_\_ E-mail: \_\_\_\_\_

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 \_\_\_\_\_

I authorize to charge my credit card for the deposit of \$300 per person. Balance due Feb. 28, 2010.  
Payment by credit card only. See form below.



**CREDIT CARD AUTHORIZATION FORM**

Please complete and sign the following form and return via email or fax to: **AMI Travel, Inc.** at:  
+972-3-641-6621

**Group Name: Israel Passover Conference – March 21-26, 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:** USD\$ \_\_\_\_\_ **EXP. DATE:** month \_\_\_\_\_ / Year \_\_\_\_\_

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 #: \_\_\_\_\_