

World Zionist Organization • Department for Zionist Activities

A Journey with Theodor Herzl – April 14-20, 2010

Celebrating the 150th Birthday of the Visionary of the Jewish State

Registration Form

for up to 2 persons traveling together and sharing a double room

Please check here if you are between the ages of 25-40, active in your Jewish community, and wish to participate in the Dor Hemshech/Next Generation track of A Journey in Herzl's Footsteps.

Participant A: []Mrs. []Ms. []Mr. []Dr. []Rabbi []Other_____

Name (as it appears on your passport) First:_____ Last:_____

Name you would like to appear on nametag: _____ Birth date: ____/____/____
Day Month Year

Passport for entry into Israel Nationality:_____ # _____ Expiration: _____

Passport for travel in Europe (if different) Nationality:_____ # _____ Expiration: _____

Languages of which you have satisfactory aural comprehension: Hebrew English French Spanish Russian

All meals provided throughout the program, including flights, will be kosher. Do you have other dietary requirements? Vegetarian Gluten free Lactose intolerant Diabetes Other_____

Room preferences: Non-smoking Smoking Shabbat-friendly (low floor, manual key if possible)
I will be sharing a room with Participant B, below Please assign me a roommate
I will be sharing a room with another participant applying independently: _____
I would like a single room (Surcharges apply; see next page.)

T-shirt size: small medium large X-large XX-large

Contact Information

Address_____ City_____ State/Province_____

Zip / Postal Code_____ Country_____ E-mail _____

Telephone: Country code:_____ Home () _____ Work () _____ Mobile () _____

Fax () _____ **Please indicate your preference for receiving further information:** mail e-mail fax

Participant B (if sharing room with Participant A): []Mrs. []Ms. []Mr. []Dr. []Rabbi []Other_____

Name (as it appears on your passport) First:_____ Last:_____

Name you would like to appear on nametag: _____ Birth date: ____/____/____
Day Month Year

Passport for entry into Israel Nationality:_____ # _____ Expiration: _____

Passport for travel in Europe (if different) Nationality:_____ # _____ Expiration: _____

Languages of which you have satisfactory aural comprehension: Hebrew English French Spanish Russian

All meals provided throughout the program, including flights, will be kosher. Do you have other dietary requirements? Vegetarian Gluten free Lactose intolerant Diabetes Other_____

T-shirt size: small medium large X-large XX-large

Contact Information (if different from above)

Address_____ City_____ State/Province_____

Zip / Postal Code_____ Country_____ E-mail _____

Telephone: Country code:_____ Home () _____ Work () _____ Mobile () _____

Fax () _____ **Please indicate your preference for receiving further information:** mail e-mail fax

Additional information

Field	Participant A: Name:	Participant B: Name:
Profession and position / titles (optional)		
Jewish communal involvement (highlights)		
Previous Israel experience (highlights)		
Pertinent medical information in case of emergency (chronic conditions, prescription medications, allergies, etc.)		
Emergency contact (someone not on program)		
Name		
Relation		
Phone numbers	Office: Home: Mobile:	Office: Home: Mobile:
E-mail		



Please submit a clear photocopy of your passport identification page and a passport size photo together with this registration form. Note that passports should be valid for a minimum of 6 months beyond the dates of this program.

Payment, Cancellation, and Refund Policy

In order to guarantee a place on the program, this registration packet must be submitted together with:

- a) a check for US\$300 per participant, made out to the World Zionist Organization, or**
- b) the credit card authorization form appearing on the next page.**

Payment is due in full by March 1, 2010. Forms and checks should be sent to:

Marty Davis, Dept. for Zionist Activities, World Zionist Organization, 48 King George Street, P.O.B. 92, 91000 Jerusalem, Israel

Forms and credit card authorizations may also be sent by fax to ++972 2 620 2811.

The following applies to each participant:

Cancellations received by Jan. 31st will be subject to a \$150 processing fee.

Cancellations received between Feb. 1st and March 24 will be subject to a \$300 cancellation fee.

Cancellations received between March 25 and March 31 will be subject to a 75% cancellation fee.

No refunds will be issued for cancellations received after March 31.

All cancellations must be sent to martyd@wzo.org.il and acknowledged in writing to be valid.

If you are between the ages of 25-40 and will be participating in the [Dor Hemshech/Next Generation track of A Journey in Herzl's Footsteps](#), please skip this page and complete the next page instead.

Program costs and options:

The full program cost of \$1,985 includes:

- Accommodation (double occupancy, 4-star hotels), including 1 night in Paris, 1 night on overnight sleeper train (2 beds/cabin, shared bathroom), 2 nights in Budapest, 2 nights in Jerusalem
- Transportation (transfers, buses, trains, flights) beginning in Paris on Wednesday, April 14 at 11:00 a.m. and concluding in Jerusalem on Tuesday, April 20 at 4:00 p.m.
- Daily breakfast and 7 additional meals
- All activities, guided tours, enrichment materials, lectures, events, security

Not included in the price:

- Flights to Paris at beginning and end of program
- Tips
- Travel/health insurance

Additional services / arrangements / upgrades may be arranged at cost.

Please check all of the following which apply:

Item	Participant A US\$	Participant B US\$	Total US\$
Basic program cost	<input checked="" type="checkbox"/> 1985	<input type="checkbox"/> 1985	
Flight from Tel Aviv to Paris on Tuesday, April 13 *	<input type="checkbox"/> 225/person	<input type="checkbox"/> 225/person	
Overnight in Paris, April 13 (Double occupancy) *	<input type="checkbox"/> 270/room		
Overnight in Paris, April 13 (Single occupancy) *	<input type="checkbox"/> 240/room		
Flight from Tel Aviv to Paris on Wednesday, April 14 *	<input type="checkbox"/> 225/person	<input type="checkbox"/> 225/person	
Flight from Tel Aviv to Paris on Tuesday, April 20 *	<input type="checkbox"/> 225/person	<input type="checkbox"/> 225/person	
Single supplement in hotels (not incl. overnight train) 5 nights*	<input type="checkbox"/> 500/person		
Upgrade on overnight train: private bathroom for double *	<input type="checkbox"/> 35/room		
Upgrade on overnight train: single room with private bath *	<input type="checkbox"/> 79/person		
Overnight in Jerusalem, April 20 (Double occupancy) *	<input type="checkbox"/> 140/room		
Overnight in Jerusalem, April 20 (Single occupancy) *	<input type="checkbox"/> 125/room		
Total charges			

* Subject to availability. Reservations will be made on a first-come, first-served basis. If you do not yet know which (if any) of these options you may want, check here to indicate you may be making further requests in the future.

Credit Card Charge Authorization

I have read the payment, cancellation, and refund policy above and hereby authorize the WZO to charge my credit card in the amount of \$_____ [\$300/participant] immediately. In addition, I authorize an additional charge of \$_____ to be made on March 1, 2010.

Visa Master Card/Isracard American Express Diners Club Other _____

Card Number _____ Expiration Date _____ Signature _____

Cardholder's Name _____ Address (if different than on p.1) _____

In view of statutory or contractual limitations that may apply to physical injury or personal damage losses, the purchase of accident and baggage insurance is strongly recommended. In addition, you may want to purchase travel insurance protecting you in the event you must change your plans and forfeit air or land charges.

World Zionist Organization Department for Zionist Activities

48 King George St. POB 92 Jerusalem 91000 Israel

Fax: 972 2 620 2811 Tel: 972 2 620 2210 E-mail: orlyb@wzo.org.il Website: www.doingZionism.org

Program Costs and Conditions of Payment

The cost of the Dor Hemshech/Next Generation program is \$1,000 and includes:

✓ Accommodation (double occupancy, 4-star hotels), including 2 nights in Paris, 1 night on overnight sleeper train (2 beds/cabin, shared bathroom), 2 nights in Budapest, 4 nights in Israel

Please note: Single supplement throughout the duration of the program: \$680.00

✓ **All** transportation throughout the program plus round trip airfare between Paris and Israel

✓ Daily breakfast and 10 additional meals

✓ All activities, guided tours, enrichment materials, lectures, events, security

Not included in the price:

✗ Tips

✗ Travel/health insurance

Payment: Please complete *one* of the following boxes and fax the completed form to +972 2 620 2811:

Payment by Check

I have read and I accept the payment, cancellation, and refund policy on page 2 of this registration form and am enclosing a check in the amount of \$_____ [\$300/participant] made out to the World Zionist Organization. I will be forwarding an additional check on March 1, 2010 in the amount of \$_____ [\$ 700 for each applicant sharing a double room; \$1380 for one applicant requesting single supplement] before March 1, 2010.

Signature _____ Date _____

Credit Card Charge Authorization

I have read the payment, cancellation, and refund policy on page 2 of this registration form and hereby authorize the WZO to charge my credit card in the amount of \$_____ [\$300/participant] immediately.

In addition, I authorize an additional charge of \$_____ [\$ 700 for each applicant sharing a double room; \$1380 for one applicant requesting single supplement] to be made on March 1, 2010.

Visa Master Card/Isracard American Express Diners Club Other _____

Card Number _____ Expiration Date _____ Signature _____

Cardholder's Name _____ Address (if different than on p.1) _____

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