

# Israel: A Women's Perspective

## A Journey for Jewish Women Highlighting Heroines Past & Present

July 15-25, 2019

### Registration Form

#### Deposit & Registration

Please register and send a \$500 deposit **per person** to arrive by **January 15, 2019** using one of the following methods:

- **Online:** Register and pay with MasterCard or Visa online at: [www.keshetisrael.co.il/forms/keshet-billing](http://www.keshetisrael.co.il/forms/keshet-billing)
- **Mail:** Send this 2 page registration form, completed and signed with a check payable to Educational Encounters International, Inc. to: **Educational Encounters International, Inc.,  
110 Chestnut Ridge Road, Suite 228, Montvale, NJ 07645**

Please include a scan or photocopy of the first page of **each** passport. **Passports must be valid through February 25, 2020.** If you are renewing/applying for a passport please complete and submit the registration form with the deposit and forward the missing information later.

#### Registration & Contact Information

Please provide the information requested below for each person registering. **Each name must be spelled exactly as it appears on your passport.** U.S. & Canadian passport holders do not need a visa to enter Israel. Other nationalities must check with the nearest Israeli consulate. Please note any special health/dietary considerations of which we should be aware, including allergies and physical limitations which might affect your participation in any part of the trip.

#### Participant #1:

Last name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Passport #: \_\_\_\_\_ Nationality: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Roommate: \_\_\_\_\_  
Health/Dietary Considerations: \_\_\_\_\_

#### Participant #2:

Last name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Passport #: \_\_\_\_\_ Nationality: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Roommate: \_\_\_\_\_  
Health/Dietary Considerations: \_\_\_\_\_

#### Your Personal Contact Information:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
E-mail #1: \_\_\_\_\_ E-mail #2: \_\_\_\_\_

#### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Trip Insurance

Keshet urges you to purchase cancellation insurance and supplemental medical coverage (which covers preexisting conditions). We recommend the "Cancel For Any Reason" policies which offer the broadest coverage. The medical coverage included in most travel insurance is a secondary, supplemental policy, which means that in case of a medical claim, you will first need to file with your own US medical insurance before filing for coverage of medical expenses covered by the travel insurance. Please note that most insurance policies require purchase within 14 days of your date of registration for the trip. While you are free to purchase insurance from any company of your choice, Keshet has made arrangements with SMS-Travel Insurance Center of Omaha, Nebraska. SMS has over 25 years of experience as worldwide insurance brokers and can help you choose the policy that best meets your needs. Our contact people are Jeffrey Barr and Dani Eisenstock:

E-mail: [info@travelinsuranceisrael.com](mailto:info@travelinsuranceisrael.com) USA phone: [1-888-747-3773](tel:1-888-747-3773) Mention promo code: KESHET

**Please note:** We cannot accept responsibility for any losses or expenses which you or any member of your party may incur as a result of failure to secure adequate insurance coverage.

**Flight Information**

Please provide us with your flight information below. If you have not yet made flight arrangements or if there are any changes to your flights, please forward the information to Kayla Ship at [kayla@keshetisrael.co.il](mailto:kayla@keshetisrael.co.il) at a later date.

Departure from USA to Israel	Departure from Israel to USA
Departure Date & Time: _____	Departure Date & Time: _____
Airport: _____	Airline & Flight #: _____
Airline & Flight #: _____	Arrival Date & Time: _____
Arrival Date & Time: _____	Airport: _____
Airport: _____	
<b>Connecting flight information, where applicable:</b>	<b>Connecting flight information, where applicable:</b>
Departure Date & Time: _____	Departure Date & Time: _____
Airport: _____	Airport: _____
Airline & Flight #: _____	Airline & Flight #: _____
Arrival Date & Time: _____	Arrival Date & Time: _____
Airport: _____	Airport: _____

**Disclaimers & Authorizations**

**Keshet Educational Journeys and Educational Encounters International, Inc.** act only as an agent for the tour participants in making arrangements for hotels, transportation, touring, restaurants, or any other services in connection with the itinerary. We will exercise reasonable care in making such arrangements. However, we do not assume any liability whatsoever for any injury, damage, loss, accident, delay or irregularity to person and property because of an act of default of any hotel, airline carrier, restaurant, company, or person rendering any of the services included in the tour. The right is reserved to cancel or change itineraries or to substitute comparable service without notice. The right is reserved to decline or accept or retain any tour passengers should such person's health or general deportment impede the operation of the tour to the detriment of the other tour participants. Rates are based on standard rooms unless otherwise indicated. No refunds will be given for unused package inclusions. Itineraries may be altered as a result of security, logistics or weather concerns determined by either Keshet or the contracting group. Costs associated by such changes are the responsibility of the group. In the event of devaluation of the US dollar, hotels and other vendors may add surcharges; Keshet reserves the right to pass such increases on to trip participants. Keshet may use photographs/videos taken on the trip for promotional purposes. If you do not want your photo/ video to be used please notify us in advance. Pricing is based on a minimum number of participants. Should the group number fall below the minimum, Keshet reserves the right to alter the program and/or recalculate the pricing.

**Trip Pricing \$3599** Base Land Package Price Per Person (plus tips)

In double occupancy hotel accommodations; based on a minimum of 20 participants. If there will be fewer than 20 participants, the price per person will increase.

**Refund Schedule** For cancellation or non-participation for any reason

Cancellation after	Refund
January 15, 2019	Full refund less \$300 per person
March 15, 2019	Full refund less \$1150
May 17, 2019	Full refund less \$1450
June 17, 2019	No Refund

**Signature** My signature below indicates that I have read, understood and agreed to the above and that all information provided by me is complete and accurate.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date



**Keshet Educational Journeys**  
 PO Box 8540 Jerusalem 91084 Israel  
 Phone: 972-2-671-3518 | Fax: 972-2-671-3624  
[keshet@keshetisrael.co.il](mailto:keshet@keshetisrael.co.il) | [www.keshetisrael.co.il](http://www.keshetisrael.co.il)