

AACI THAILAND 2011

January 11–20

Application Form

PLEASE COMPLETE IN BLOCK CAPITALS WITH YOUR NAME AS IT APPEARS IN PASSPORT			
	PASSENGER 1	PASSENGER 2	
Last name			
First name			
Date of Birth			
Passport Country			
Passport #			
Passport Date Of Issue			
Passport Date of Expiry			
AACI Membership #			
Home Address			
Telephone #		Fax #	Mobile #
E-mail			
Airline Meal	Kosher Glatt <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Regular (Kosher) <input type="checkbox"/>
Type of Room	Double <input type="checkbox"/>	Single <input type="checkbox"/>	
Name & Phone # Of Contact For Emergencies:			
PASSPORT REQUIRMENTS: PASSPORTS MUST BE VALID UNTIL AT LEAST JUNE 2011 PLEASE SEND A PHOTO COPY OF YOUR PASSPORT WITH REGISTRATION FORM			
FORM OF PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> CASH CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX			
Credit Card #			Expiry date
I.D #			
I have read and agree to terms and conditions of tour and understand the organizers reserve the right to cancel, alter or change any aspect of the tour without prior notification to the registrant.			
SIGNATURE			DATE

SEND TO: LIVIA BERMAN, OPHIR TOURS, 68 AHUZA ST, RAANANA 43209
TELEPHONE 972-9-777-7100 FAX 972-9-777-7101 E-MAIL: LIVIA@OPHIRTOURS.CO.IL