



ISRAEL PAST, PRESENT & BEYOND

OCTOBER 27 – NOVEMBER 7, 2022

~ APPLICATION ~

Please return completed Application/s with your deposit/s
made out to International Heritage Tours, Attention Avie Esakov
7117 Bathurst St. Thornhill ON L4J 2J6

Please include a copy of the picture page of your passport with your application

Passports must be valid for at least six months beyond the return date

PERSONAL INFORMATION ~ please print clearly ~ one application per person

Full name exactly as it appears on passport

(Last, First, Middle)

Name as you'd like it on name tag

Male Female

Date of birth _____ (MM/DD/YYYY)

Passport # _____

Passport expiration date _____ (MM/DD/YYYY)

Country of issue _____

Country of citizenship _____

Mailing Address – Street & #

City _____ Province/State _____ Postal Code _____

Home Phone: _____ Day time Phone: _____

Mobile Phone: _____ Fax _____

Email Address: _____ Business/Profession _____

Previous visits to Israel First time Last visit was _____

FINAL FULL PAYMENT IS DUE NO LATER THAN 60 DAYS PRIOR TO DEPARTURE

CANCELLATION

- Up until 100 days prior to arrival deposit is refundable less US\$500 per person
- Between 101 & 45 days prior to arrival deposit is non refundable
- As of 45 days up until 30 days prior to arrival final payment is refundable less US\$10,000 per person
- As of 30 days prior to arrival final payment is non-refundable

PLEASE PROVIDE CREDIT CARD INFORMATION

Name on the credit card: _____

VISA M/C AMEX Card number: _____

Expiry Date _____ 3/4 Digit code (CVV) _____ on back
or front of card

Card holder
signature _____ **Date** _____

TRAVEL INSURANCE IS HIGHLY RECOMMENDED

We can offer travel insurance underwritten by [Old Republic](#) at competitive premiums. This all-inclusive insurance policy includes medical coverage, and if you are under the age of 74, you can purchase an Old Republic COVID coverage waiver for \$2 per person per day.

You are not obliged to purchase travel insurance from us.

However, once you have sent in your Application and paid your deposit we strongly recommend you secure a good All-Inclusive policy that includes medical coverage and a waiver to cover Covid-related events

EMERGENCY CONTACT

Name _____ Relationship _____

Mailing Address – Street & #

City _____ Province/State _____ Postal Code _____

Home Phone: _____ Day time Phone: _____

Mobile Phone: _____ Fax _____

Email Address: _____

Name of Doctor _____ Office Phone _____

E-mail address _____

HOTEL INFORMATION:

- I am requesting a single room. The single supplement of US\$3,795 (cheque) or US\$3,904 (credit card) will apply.
- I will be rooming with _____

If you do not have a roommate, we will do our best to provide one for you. However please note that in the event that we are unable to provide a roommate the single room supplement US\$3,795 (cheque) or US\$3,904 (credit card) will be added to your Invoice and must be paid.

I am / we are requesting two separate beds

SPECIAL REQUIREMENTS:

Special dietary requirements/food allergies _____

TOUR EXTENSIONS TO CONSIDER

1. Jordan and The Land of Lawrence of Arabia

Yes, please register me (1 person) ____ / us (2 people) for the Jordan extension

OR

2. 6 Senses – The Most Luxurious Resort Hotel in Israel

Yes, please register me (1 person) ____ / us (2 people) for the 6 Sense extension

If you have a medical condition we should be made aware of please contact Avie Esakov to provide the medical information/details you think we should know.

**Please contact Avie Esakov @ avie@ihtours.com or
416 444 6666 Ext 424 or 877 999 8868 Ext 424**