



PO Box 1000
Montreat, NC 28757

The Israel Experience Registration Form March 10-20, 2013

Trip Cost: \$3744 (US Funds Only)
(2.5% fee added for payments made by Credit Card or through PayPal)

Please print clearly, complete the entire form, and mail to CBU at the address listed above:

Name for Name Tag: _____

Title (circle one): Mr. / Mrs. / Ms. / Rev. / Dr. / Other _____

Full Name (**exactly** as printed on passport): _____

Address (street required): _____

City, ST, Zip: _____

Phone: H: _____ C: _____

Passport #: _____ Exp Date: _____ Date of Birth: _____

Country of Passport: _____ Special Needs: _____

Email: _____ Fax: _____

Signature: _____

Form must be filled out completely & a separate form submitted for each person!

***Note: Each tour participant is responsible for a valid passport, transportation to departure city, & baggage fees.
Please see the Terms & Conditions for more information.*

I would like to have _____ as my roommate.
*Roommates are assigned by gender on a first-come, first-serve basis if preference is not indicated and a single room is not requested. **If a roommate is not available, single supplement payment is required.***

Enclosed is my deposit of \$500. Deposit is due by December 1, 2012.
I understand that a 2nd payment of \$1500 is due by January 15, 2013. The final payment is due by February 15, 2013. A late fee of \$100 will be assessed for any payment received after the specified deadlines.

I would like a single room at an additional cost of \$890.

Note: A 2.5% fee will be added for credit card payments.
Make checks payable to CBU Travel & Tours

I would like to pay by Credit Card: (Visa or MasterCard only.)

Credit Card #: _____ Exp Date: _____

Name on Card: _____ Signature: _____

Please tell us how you heard about the trip: _____