



REGISTRATION FORM
Healing Room Israel Experience 2019
February 23, 2019 – March 6, 2019

\$500 Deposit (\$525 if paying via credit card) Due: within 10 days of registration
50% Trip Payment Due: November 1, 2018
Final Payment Due: January 1, 2019

NAME: : _____ M: _____ L: _____
(as it appears on your Passport)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

GENDER : _____ AGE: _____ DOB: ____/____/____ PASSPORT# : _____ Exp Date: _____

ROOMMATE REQUESTED: _____ # of BEDS: _____ (1Bed=King 2 Beds=2 Twins)

NAME TO APPEAR ON YOUR NAME TAG: _____ IF PART OF SMALL GROUP, Leaders Name: _____

EMERGENCY CONTACT NAME/NUMBER _____

DIETARY RESTRICTIONS OR ALLERGIES _____

PAYMENT OPTIONS:

- ☐ Enclosed is my minimum deposit of \$500.00 (of which \$300 is non-refundable)
- ☐ Enclosed is my Full Amount of \$5,950.00 or \$4,850 for Land Only (of which \$300 is non-refundable)
- ☐ Please Charge my Credit Card \$ _____ and add \$175.00* to my trip cost.
Minimum deposit is \$500 (of which \$300 is non-refundable) *There is an additional \$175.00 Fee to pay by credit card.

CC# _____ EXP Date: _____ CVV # _____
(If Name is different on Credit Card than one above, please indicate that)

- ☐ Please add a single supplement for \$1,625.00 to my trip cost for a total of 7,575.00.

Item	Price	Quantity	Amount
Base Trip	\$5950	1	
Land Only	\$4850		
Single Supplement	\$1625		
Credit Card Fee	\$175		
TOTAL			\$

Registration and Payments can be made online using credit card at <https://www.thegreatesttrip.com/make-a-payment> For more information call **1-800-921-4825**. Checks and Money Orders should be made out to Blue Diamond Travel and mailed to:

Blue Diamond Travel
P.O. Box 242058
Little Rock, AR 72223

- ☐ **I Have Read and Accept the Tour Conditions**

Signature: _____ Date : _____