

**TEMPLE EMANU-EL
EXPLORES ISRAEL!
JUNE 22 – JULY 6, 2010**

To reserve your place for this exciting tour, please return this signed form and a check for \$500 per person payable to Regency Travel at 10330 Friars Road, Suite 112, San Diego, CA 92120. Mark the envelope "Attention: Anita." This deposit is refundable minus a \$150 service fee up to 90 days prior to departure.

NAME AS IT APPEARS ON PASSPORT	BIRTHDATE	PASSPORT #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

ADDRESS _____

TELEPHONE _____ **FAX** _____

EMAIL _____

Are you celebrating a special occasion during the trip? _____

Do you have any special needs? (Meals, physical, etc.) _____

Once final payment is due, the money is nonrefundable. There is no refund for unused portions of the tour. Trip cancellation insurance is strongly advised. The cost is based on age. This covers cancellation for medical reasons or death in the family.

_____ I/We choose to take the trip protection plan. Please quote the rate.

_____ I/We decline the trip protection.

_____ I/We will be flying with the group.

SIGNATURE: _____ **DATE:** _____