



**JEWISH HERITAGE TOURS
AHAVATH TORAH INSTITUTE / TOURS DIVISION**

2624 Avenue R, Brooklyn, N.Y. 11229-2502
1-888-253-9167 or (917) 753-5178 or **(514) 924-9447**
 Fax: (718) 382-0648 Email: jewishheritagetours@hotmail.com

Please reserve space(s) for me/us on your upcoming tour to:

Magnificent Italy – Trip 1: July 13 to 22, 2008

- Regular Price: **\$3,999**
- Italy – **Land Only**: **\$3,000**
- Italy – **Extension to Israel**: **\$850**

Magnificent Italy – Trip 2: August 17 to 26, 2008

- Regular Price: **\$3,999**
- Italy – **Land Only**: **\$3,000**
- Italy – **Extension to Israel**: **\$850**

Prices include all air, land and entrance fees, taxes and gratuities! **A \$1000 non-refundable deposit is required in order to reserve each space. Space is limited.** Please see our refund policy below.

Personal Information

Mr. Mrs. Ms. (circle one) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Tel.: (_____) _____ Evening Tel.: (_____) _____

Passport Information

Passport Number(s): _____ Country of Issue: _____

Expiration Date: _____ Date of Birth (mm/dd/yyyy): _____

Trip Options (please check all that apply)

- I wish to pay for a single supplement: **Italy: \$599**
- Land Only — Please contact us
- I wish to share a room with _____
- I am travelling alone, but prefer a roommate. I understand that if one is unavailable, I must pay a supplement.
- I prefer to dine with: _____
- I have these dietary requirements: _____

Please make your checks payable to: **Ahavath Torah Institute**

Our REFUND POLICY: All money **except for deposit** is refundable up to 21 days before the trip. Up until seven (7) days before the trip, 70% of balance is refundable. Afterwards, no refunds.

Travel insurance is strongly recommended.

Credit Card Authorization

Name: (as appears on card) _____

Address: _____

City: _____ State: _____ Zip Code: _____

I, _____, hereby authorize the following charges to **Ahavath Torah Institute**:

Amount in \$ US: _____ Card Kind: VISA MasterCard American Express

Card number: _____ Expiration Date: _____

Signature: _____

Where did you hear about us?

Newspaper _____

Internet _____

Mailing Word of Mouth Other _____

ASSUMED RESPONSIBILITY

I hereby agree to the [Terms and Conditions of Assumed Responsibility](http://www.ahavathtorah.com/tour/2008-Italy-frm.htm#AssumedResponsibility) (available in full on website at <http://www.ahavathtorah.com/tour/2008-Italy-frm.htm#AssumedResponsibility>). If the application is made for, or by a person under 21 years of age, both parents or the applicant's guardian must also sign the application.

Date: _____ Signature of Applicant(s): _____