

TOUR DATES

Sunday Nov. 4 - Sunday, Nov. 11, 2018

TOUR FEATURES

- Seven (7) nights accommodation in four & five star deluxe hotels including taxes, service charges and baggage handling (1 standard size bag plus 1 carry-on per person)
- 7 breakfasts, 6 lunches & 7 dinners
- Extensive sightseeing with expert local guides and Rabbi Joel & Aviva Tessler including entrance fees where applicable
- Hands on Chesed Activities
- Political Action
- History & Culture
- Private deluxe motor coach

2018 TOUR PRICE (LAND ONLY)

\$3,895 per person (Double Occupancy) \$650 single supplement

ITINERARY

Visit our website: www.sosintl.org

QUESTIONS:

info@sosintl.org

TERMS, CONDITIONS AND CANCELLATION PENALTIES

PAYMENTS: \$1,000 deposit due upon registration, with the remaining balance due on August 15, 2018. Payments can be made by check or any major credit card. Payment by credit card will incur a 3% service fee.

** The program is subject to a minimum of 12 participants. A decision will be made no later than July 30, 2018

CANCELLATION PENALTIES: Cancellations of the tour will be subject to the following penalties per person:

- Cancellations received prior to August 30, 2018 are subject to a \$1,000.00 penalty.
- Cancellations received between August 31 – September 20, 2018 are subject to a \$1,800.00 penalty.
- Cancellations received after September 20, 2018 are subject to 100% penalty.

CANCELLATION INSURANCE: Tour cancellation insurance is highly recommended.

VISAS: All tour participants who are not US citizens are responsible for obtaining the necessary visas.

DISCLAIMER:

Please note this trip involves considerable walking uphill and downhill on uneven and cobblestone streets and many hands on physical activities. All participants must be able to walk unaided.

Itinerary and hotels are subject to change.

SOS INTERNATIONAL 2018 CROATIA, SLOVENIA, ITALY KEHILLA MISSION*

RESERVATION FORM

Name			
Address			
City State	eZip Code_		
Cell Phone	Er	mail	
Please note the minimum age of each	passenger is 25 year	rs at the time of travel.	
	Participa	ant details	
	NAMES MUST M	NATCH PASSPORT	
Participant 1		Participant 2	
First Name		First Name	
Middle Name (s)		Middle Name (s)	
Last Name		Last Name	
Citizenship		Citizenship	
Passport Number		Passport Number	
Date of Issue Expiration	on Date	Date of Issue	Expiration Date
Place Issued		Place Issued	
Participant 3		Participant 4	
First Name		First Name	
Middle Name (s)		Middle Name (s)	
Last Name		Last Name	
Citizenship		Citizenship	
Passport Number		Passport Number	
Date of Issue Expirati		Date of Issue	Expiration Date
Place Issued		Place Issued	
*(Note: Please attach a copy of passp beyond the proposed return date.)	oort page that contain	ns name and photo. Passpo	rt must be valid for six months
Emergency Contact Information Name	Relationship		_
Phone	Cell Phone		_
Flight Information:			
Arrival: Airline Tin	ne:		
Departure: Airline	Time:		

ROOM SELECTION □ Double-two people, one bed □ Twin - two people, two beds □ Single				
Please advise of any special dietary requir	rements			
I am over 25 years of age and I have read, Conditions and Cancellations on behalf of	, understood and accepted the agreement detailed in our Terms, all members of my party.			
Signature	Date			
	PAYMENT DETAILS			
I enclose a check for, or authorize \$	nclose a check for, or authorize \$ to be deducted from my card as detailed below, for my			
booking. Please make all checks payable to SOS International. Please note an additional 3% will be				
added to all credit card transactions	5.			
Upon receipt of deposit, a confirmation v	vill be sent via email			
Please circle the card that applies (f	for credit card payments): AMEX MC VISA			
Card Number:				
exp date/ CID#	<u> </u>			
Signature:				