REGISTRATION FORM

A. REGISTRATION & DEPOSIT

1. Please register and send a \$500 deposit per person using one of the following methods:

Online

Register and pay with a VISA, MasterCard or American Express online at: https://ots.org.il/malt-2018-registration/

Mail

Send this registration form, with payment check enclosed, to:
Ohr Torah Stone
49 West 45th Street, Suite 701
New York, NY 10036

in the MEMO section, add: "OTS/MALT"

2. Please include a scan or photocopy of the first page of each passport. If you are renewing/applying for a passport, please complete and submit the registration form with the deposit and forward the missing information later.

B. CONTACT INFORMATION

Please provide the information requested below. Your name must be spelled exactly as it appears on your passport. U.S. & Canadian passport holders do not need a visa to enter Israel. Other nationalities must check with the nearest Israeli consulate. Please note any special health/dietary considerations of which we should be aware, including allergies and physical limitations that might affect your participation in any part of the trip.

| Last name: | | | |
|--------------------------------|---------|------|--|
| First Name: | | | |
| E-mail: | | | |
| Home #: | Cell #: | | |
| Address: | | | |
| City: | | ZIP: | |
| Country: | | | |
| Nationality: | | | |
| Passport #: | | | |
| Expiration Date: | | | |
| Date of Birth: | | | |
| Roommate request: | | | |
| Health/Dietary Considerations: | | | |
| C. EMERGENCY CONTACT INFORM | IATION | | |
| Name: | | | |
| Relationship: | | | |
| Home #: | | | |
| Cell #: | _ | | |
| Work #: | _ | | |
| E-mail: | | | |

D. TRAVEL INSURANCE

We urge you to purchase cancellation insurance and supplemental medical coverage (which covers preexisting conditions). Please note that most insurance policies require purchase within 14 days of your date of registration for the trip.

Ohr Torah Stone acts only as an agent for the tour participants in making arrangements for hotels, transportation, touring, restaurants, or any other services in connection with the itinerary. We will exercise reasonable care in making such arrangements. However, we do not assume any liability whatsoever for any injury, damage, loss, accident, delay or irregularity to person and property because of an act of default of any hotel, airline carrier, restaurant, company, or person rendering any of the services included in the tour. The right is reserved to cancel or change itineraries or to substitute comparable service without notice. The right is reserved to decline or accept or retain any tour passengers should such person's health or general deportment impede the operation of the tour to the detriment of the other tour participants. Rates are based on standard rooms unless otherwise indicated. No refunds will be given for unused package inclusions. Itineraries may be altered as a result of security, logistics or weather concerns determined by either Ohr Torah Stone or the contracting group. Costs associated by such changes are the responsibility of the group. In the event of devaluation of the US dollar, hotels and other vendors may add surcharges; Ohr Torah Stone reserves the right to pass such increases on to trip participants. Ohr Torah Stone may use photographs/videos taken on the trip for promotional purposes. If you do not want your photo/ video to be used please notify us in advance.

PAYMENT SCHEDULE (per participant)

- \$500 registration fee due upon registering
- 50% deposit due by September 15, 2018
- Balance due by November 1, 2018

CANCELLATION POLICY (per participant)

- \$250 refund on registration fee through September 15, 2018
- 50% refund on deposit through October 15, 2018
- No refunds after November 1, 2018
- *No-fault cancellation insurance available for purchase upon registration

E. SIGNATURE

| ed by me is complete and accurate. |
|------------------------------------|
| |
| |
| |
| Date |
| |