



VERED HASHARON TOURS

4 BEN GURION ST, NESS ZIONA 70400, ISRAEL
3 ALLIED DRIVE, STE. #303, DEDHAM, MA 02026 USA
TOLL FREE TEL/FAX: 855-414-4433

info-usa@vrdtrvl.com www.veredtravel.com

Israel Tour Enrollment Form

Please enroll me in the CrossTalk International Tour led by Dr. Randy Weiss & Friends

Name (as it appears on my passport): _____

Address: (home/credit card billing) _____

City _____ State _____ ZIP _____ Country _____

Telephone: Office () _____ Cellular () _____

E-mail: _____

Departure Date _____ Departure City _____

I am a citizen of (country) _____ and hold a passport valid until _____

Passport number: _____ Date of Birth: _____

I wish to share a room with (name) _____ Non-smoker Smoker

I am enclosing \$250 deposit to enroll in this tour or have paid online already

I am enclosing \$ _____ as full payment for my tour. (Full payment must be received 6 weeks prior to departure) – Checks made payable to CrossTalk.

I wish to pay by credit card and understand that I will be assessed an additional credit card service charge (4%) to my balance payment. (This can be done online as well at www.letsgotoisrael.com.)

Please charge the amount of _____ on my _____ (type) credit card

Credit Card Number: _____ Expiration Date: _____

Name as appears on credit card: _____ Security code: _____

I wish to purchase travel insurance for \$250. (Insurance docs can be emailed to the above email address. You can check this box and get them sent without obligation.

I decline the travel insurance as offered.

Signature _____ Date _____

WWW.LETSGOTOISRAEL.COM