

ISRAEL REVEALED - RESERVATION FORM 06/15

Please review/complete (print legibly) and mail this form signed with your deposit/payment (payable to **ISRAEL REVEALED**) to:
ISRAEL REVEALED, P.O. Box 52, Sandy, UT 84091 - (800 or 801) 272-RONA (7662) - Fax (866) 680-2473

Program Participant 1	Name _____		Status <input type="checkbox"/> Married <input type="checkbox"/> Single		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date (dd/mm/yyyy)	
	Name as Appears on Passport: First _____ Middle _____ Last _____		Passport Number: (please enclose a copy)					
	Issued by/at _____		Expiration Date (dd/mm/yyyy)		Place of Birth _____		Last 4 of Social Security #: (so we can provide insurance)	
	Room Occupancy <input type="checkbox"/> I Prefer a Single Room (single supplement applies)		<input type="checkbox"/> I will Share a Room with Program Participant 2		<input type="checkbox"/> I Will Share a Room with Another Program Participant (Name) _____			
Past/Present Occupation _____		Allergies, Dietary, or Health Conditions Needing Special Attention _____						
Program Participant 2	Name _____		Status <input type="checkbox"/> Married <input type="checkbox"/> Single		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date (dd/mm/yyyy)	
	Name as Appears on Passport: First _____ Middle _____ Last _____		Passport Number: (please enclose a copy)					
	Issued by/at _____		Expiration Date (dd/mm/yyyy)		Place of Birth _____		Last 4 of Social Security #: (so we can provide insurance)	
	Room Occupancy <input type="checkbox"/> I Prefer a Single Room (single supplement applies)		<input type="checkbox"/> I will Share a Room with Program Participant 1		<input type="checkbox"/> I Will Share a Room with Another Program Participant (Name) _____			
Past/Present Occupation _____		Allergies, Dietary, or Health Conditions Needing Special Attention _____						
Program Participant 1 - Preferred Name on Name Tag _____				Program Participant 2 - Preferred Name on Name Tag _____				
Address _____		City _____	State _____	ZIP _____	e-mail _____			
Home Phone () _____		Other Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell () _____			Fax Phone () _____			
How did you hear about ISRAEL REVEALED with Daniel & Steven Rona? <input type="checkbox"/> Fireside <input type="checkbox"/> TV Ad <input type="checkbox"/> Magazine Ad <input type="checkbox"/> Celebrity / Travel Agency/Outside Agent/LDS Bookstore (Name) _____ <input type="checkbox"/> Friend (Name) _____ <input type="checkbox"/> Internet www. _____ <input type="checkbox"/> Other _____								
ISRAEL Tour Programs and Add-ons: <input type="checkbox"/> ISRAEL REVEALED with Daniel & Steven Rona: <input type="checkbox"/> Premium Deluxe <input type="checkbox"/> Deluxe <input type="checkbox"/> Moderate <input type="checkbox"/> SPLENDORS OF THE NILE REVEALED Program <input type="checkbox"/> NEW TESTAMENT TURKEY REVEALED Program <input type="checkbox"/> HIGHLIGHTS OF EGYPT Program <input type="checkbox"/> HIGHLIGHTS OF TURKEY Program <input type="checkbox"/> MAGNIFICENT PETRA Program <input type="checkbox"/> TREASURERS OF TURKEY Program								
BOOK OF MORMON LANDS REVEALED: <input type="checkbox"/> Full Program (Guatemala, Honduras, Belize & Yucatan) <input type="checkbox"/> Abridged Program (Guatemala, Honduras & Belize) Other: _____								
Preferred Tour Dates (or Tour Code) (1) _____ (2) _____ (3) _____						Group Name or Tour Leader (if applicable)		
Air Arrangements <input type="checkbox"/> Please Book the Air Arrangements for me (ticketing fee to be added)				<input type="checkbox"/> I will Book the Air Arrangements				
Depart from _____		Return to _____		Arrival Flights _____		Return Flights _____		
Emergency Contact Relationship _____ Name _____ Phone _____ Address _____								

ISRAEL REVEALED (IR) TERMS AND CONDITIONS 06/15

A \$500 deposit per person is required with each reservation/booking. Full payment in full is due 60 days before travel start date. Reservations made less than 60 days prior to travel start date will require full payment upon reservation, and may be subject to increase in airfare and late fees. Payments received less than 60 days prior to travel start date must be made by Cashier's Check, or Money Order. Checks are payable to ISRAEL REVEALED. A supplement per person per night applies for single occupancy. A \$75 per ticket airline ticketing fee applies for each airline ticket. A \$100 fee will apply to all late payments. Reservations received less than 30 days prior to travel program start date are subject to a charge of \$100 in order to expedite the request. Prices and Incentive Discounts are subject to change based on, but not excluding, availability and seasonal adjustments. Prices and air arrangements are subject to change. Airfare is subject to change until ticketed. Itinerary, hotels, guides are subject to change (hotels of similar class may be used without notice). Deviations from the Travel Programs listed are subject to a \$100 deviation fee. A \$100 change fee is assessed for each change made after original reservation/booking; and a \$250 change fee plus any airline fees and additional airfare is assessed for each change made after ticketing. A \$250 per person administration fee is applicable for all cancellations. There may be charges for airline or other cancellations at any time. In event of cancellation, payment made by credit card is subject to a 5% charge (cancellations made by IR or program participants). Cancellations made after full payment received or due could incur any airline/vendor, credit card or other fees and be up to 100% of total program price (see the **CANCELLATION POLICY** included in the first mail out packet). Unused Services are non refundable. Cancellation notices, in writing, must be sent by registered mail to ISRAEL REVEALED at P.O. Box 52, Sandy, UT 84091. Some IR programs require a minimum of ten full paying participants to operate; IR reserves the right to cancel if the number of participants in a program drops below ten. On all Israel programs of 4 participants or less that require a guide's overnight outside of Jerusalem there is an FIT supplement per night of \$248.00 (Deluxe) and/or \$198.00 (Moderate). High Season/week-end/summer supplements may be added to the per night FIT supplement when applicable. I understand that this documentation includes the entire IR Reservation Form (which includes these Terms and Conditions, the Trip Interruption/Medical Insurance Information, the Identity Theft Monitoring, Restoration and Legal Service Plan information, the Identity Theft and Legal Services information opt-in/opt-out, and the IR Credit Card Policy). I understand that according to FACTA, GLB, Red Flag Rules, HIPAA, and other Federal/State statutes, this documentation provides evidence of IR's willingness to comply with reasonable efforts to provide IR clients Identity Theft monitoring and restoration services information. Israel Revealed, LLC (IR) does business as Holy Lands Revealed (HLR). Israel Revealed, LLC or any associated representative acts as agent for the hotels, airlines, ship companies, or owners or contractors providing accommodations, transportation or other services. Contracts and tickets are issued subject to any and all tariffs, terms and conditions under which any services whatsoever are provided by such vendors or contractors. Israel Revealed, LLC or any associated representative shall not be or become liable or responsible for any loss or injury or damages to person, baggage, property or otherwise in connection with any services resulting directly or indirectly from any acts of governments or other authorities, wars, whether declared or undeclared, hostilities, strikes, riots, civil disturbances, thefts, pilferage, epidemics, quarantines, custom regulations, delays, cancellations of or changes in itinerary or schedules or from any causes beyond Israel Revealed, LLC control, or for any loss or damage resulting from improper passports, visas or other documents. Israel Revealed, LLC or any associated representative shall not be or become liable or responsible for any additional expenses or liability sustained by the traveler as a result of any foregoing causes, and the tickets or contracts in use by any vendor or contractor providing any services shall constitute the sole contract between such vendor or contractor and the purchaser of tour and/or tour member. In the event of litigation that results from any terms & conditions in this agreement the prevailing party shall be entitled to reasonable attorneys fees, court costs & collection costs.

I understand and agree to the above terms and conditions of this tour program. Date (dd/mm/yyyy) _____

Program Participant 1 Signature _____ Program Participant 2 Signature _____

Trip Interruption, Medical Insurance Option

As the tourist industry faces many changes on a continual basis, it is highly recommend to have trip interruption and/or medical insurance to cover unexpected situations. **ISRAEL REVEALED** offers a policy through Travelex Travel Protection which has coverages for our travel programs. Traveling with Travelex Travel Protection provides unique insurance coverage, specially designed to protect your travel costs from events such as, but not limited to, unexpected sickness or injury, hurricanes or other natural disasters, labor strikes, lost baggage and emergency medical expenses (coverage based on Travelex's policy).

There are other travel insurance programs available. You are welcome to research other travel protection. **ISRAEL REVEALED** in no way acts as an agent for Travelex and is not liable or responsible for the decisions made by that company.

ISRAEL REVEALED urges you to consider travel insurance should unforeseen events occur.

Yes, I'll consider Travelex travel insurance. Send me enrollment information. In event of enrollment, payment will be made to Travelex Travel Services. (Forms will be sent to you upon receipt of this form.)

I do not want to purchase travel protection at this time.

I want to research and purchase travel protection through another source.

Program Participant 1 Signature _____

Program Participant 2 Signature _____

Date (dd/mm/yyyy) _____

Identity Theft Monitoring and Restoration Information

Required information given to you by **ISRAEL REVEALED**

The FBI reports Identity Theft as the largest crime affecting Americans today. **ISRAEL REVEALED** has a written plan (per FTC guidelines) including Red Flag rules and an Identity Theft Monitoring/Restoration plan to protect **ISRAEL REVEALED**'s clients.

Less than 17% of identity theft is credit related. 83% relates to other areas such as Drivers Licence Identity Theft (other's violations end up on your record), Medical Information Theft (others get treatment on your identity causing your insurance to be cancelled), Character Identity Theft (you may be arrested for crimes in your name), and/or Social Security Identity Theft (others get paid on your SSN making you liable for taxes). All require legal help! We have information available that combined with a Legal service plan can provide an effective solution in North America to multiple forms of Identity Theft before, during, & after an event.

We are informing you on the above because in facilitating travel and travel insurance, personal identity information (such as, but not limited to, name, birth date, social security and passport information) may be given to insurance providers, hotels, airlines, ship companies, owners or contractors providing accommodations, transportation and/or other service providers, numerous times. Therefore, there are protective services recommended. These services may mitigate detainment, fraud or other serious damages for you and for us.

Identity Theft with Legal Service - Free Information Option

There is a plan available that gives me and/or my family:

- Credit Reports (including guide on how to read it & what it means)
- Daily Monitoring of Credit, Address Change, Personal Data, etc.
- Full Identity Restoration (in the event of a breach)
- Legal Service Support (24/7 attorney access when detained, questioned, etc.)
- Preventive Services (includes a Will with annual updating, consulting with attorneys on unlimited matters, letters written &/or calls made for me, including issues involving Identity Theft)
- Vehicle Legal Support (defense of traffic violations & related criminal charges)
- Trial Defense (in a civil suit and have a viable defense)
- IRS Audit Assistance and Trial Defense
- Other extraordinary Legal Services at discounted rates

Yes, I like this peace of mind, please advise me how to receive FREE information on identity theft coverage with full restoration and legal support services.

No, I have decided NOT to receive free information through HOLY LANDS REVEALED on identity theft protection with legal services support coverage for me and/or my spouse or my family.

I understand that according to FACTA, GLB, Red Flag Rules, HIPAA, and other Federal/State statutes, I affirm that I know of **ISRAEL REVEALED**'s willingness to have and use Red Flag Rules and to comply with reasonable efforts in protecting my identity and my privacy.

Participant 1 Signature _____

Participant 2 Signature _____

Date (dd/mm/yyyy) _____

ISRAEL REVEALED Credit Card Policy

Credit cards can and may be used towards any purchase with **ISRAEL REVEALED**. Visa, MasterCard, Discover and American Express are accepted. Card vendors take merchant processing fees of up to 5% of the amount charged. These fees are not recoverable. In the event of any type of cancellation (by Program Participant or others including **ISRAEL REVEALED**), any/all merchant fees incurred due to payment by credit card are non refundable and are the responsibility of the Program Participant. I understand and agree to the terms and conditions of this Credit Card Policy.

Discover MasterCard VISA Other: _____ Card Number _____

Name on Card _____ Exp. Date (mm/yy) _____ Security Code _____ Amount authorized: \$ _____

Billing Address: _____

Card Holder Signature _____ Date (dd/mm/yyyy) _____