



Orthodox Union/RCA Solidarity Mission Registration Form

January 18 - 26, 2003 • 16 -23 Shvat, 5763

Please check one of the following:

JFK Newark Other _____



Deviations from group flights are available for an additional charge of \$50. Any changes made once the tickets are issued are subject to a penalty of up to \$200.00. There will be a \$15.00 Fedex charge for reservations made after December 20, 2002.

REGISTRATION INFORMATION

TITLE	PRINT NAMES AS ON PASSPORT	TO BE ADDRESSED AS	DATE OF BIRTH	COUNTRY OF ISSUE	PASSPORT NUMBER

Mailing Address _____ City _____ State _____ Zip _____

Mailing Address for Tickets (IF DIFFERENT FROM ABOVE) _____ City _____ State _____ Zip _____

Tel.: Work: () Home: () Cell: () Fax: () Full E-mail: _____

Special dietary request: (Glatt Kosher will be served unless otherwise indicated) vegetarian other (please specify) _____

El-AI Matmid # _____ American Airlines Frequent Flyer # _____

Deviations from Group Flight

Requested Departure date: _____ Airport: _____

Requested Return date: _____ Airport: _____

Additional hotel nights (Specify Dates) _____

Traveler #1 per person rates

- Basic Package PP/DO (\$1,375.00) . . . \$ _____
- Basic Package PP/SO(\$1,625.00) . . . \$ _____
- Tour Option (\$390.00) \$ _____
- Add'l Hotel Nights (\$60.00 @ PP/DO) . \$ _____
- Add'l Hotel Nights (\$110.00 @ PP/SO) . \$ _____
- Air Deviation (\$50.00) \$ _____
- Optional Fedex ticket mailing (\$20.00) . \$ _____
- Airport Tax (\$76.00) _____
- Other: _____
- _____
- _____
- Total _____

Traveler #2 per person rates

- Basic Package JFK PP/DO (\$1,375.00) \$ _____
- Tour Option (\$390.00) \$ _____
- Add'l Hotel Nights (\$60.00 @ PP/DO) . \$ _____
- Air Deviation (\$50.00) \$ _____
- Airport Tax (\$76.00) _____
- Other: _____
- Total _____

Synagogue Affiliation _____

Previous OU/RCA Mission(s) attended: _____

PAYMENT DETAILS

Check (checks payable to Orthodox Union)
Check # _____ Amt: \$ _____

Credit Card
Please bill my credit card for \$ _____ Visa American Ex Mastercard Discover

Card # _____ Exp. Date: _____

Name on the card _____ Daytime Number of Card Holder () _____-_____

Updated itineraries will be posted on our website (www.ou.org). Please fax this form with the waiver and full payment to the Orthodox Union at 212-613-0629, or mail to: Israel Solidarity Mission, Department of Synagogue and Community Services, Orthodox Union, 11 Broadway, New York, NY10004.

Any additional questions, call Richard Stareshesky, 212-613-8171.