



Bell Wholesale Travel, Inc.



End-Time Handmaidens and Servants
HEARTS FOR ISRAEL TOUR

March 12 to 21, 2012

REGISTRATION FORM

PLEASE TYPE OR PRINT YOUR NAME - EXACTLY AS IT APPEARS ON YOUR PASSPORT

Registration form for the first participant, including fields for name, passport, and contact information.

Registration form for the second participant, including fields for name, passport, and contact information.

Contact information fields including phone, street address, city, state, zip code, email, and special meal/seating preferences.

Table with columns: DESCRIPTION, SELECT RATE PER PERSON (CREDIT CARD RATE, DISCOUNT CHECK RATE), # OF PEOPLE, TOTAL PRICE. Rows include tour details, rates for different air routes, and a subtotal section.

REGISTRANT SIGNATURE: _____ DATE: _____

PLEASE NOTE! YOUR SIGNATURE IS ALSO REQUIRED ON THE "TERMS AND CONDITIONS" SHEET OF THE REGISTRATION FORM



Bell Wholesale Travel, Inc.



BASIC TERMS AND CONDITIONS

- 1. Cancellation Policy Per Person: From receipt of initial deposit to 91 days prior to departure - \$300.00, from 90 to 45 days - 25%, from 44 to 30 days - 50%, from 29 to 15 days - 75%, from 14 to 00 days - 100%.
2. Final payment is due no later than December 12, 2011.
3. Your deposits, Registration Form, Insurance Record Form and final payment checks must be made out and sent to: Bell Wholesale Travel, Inc. - 3192 Doolittle Drive - Northbrook, IL 60062
4. Travel Insurance is strongly recommended. If you choose to purchase travel insurance, the enclosed Travel Guard Application Form must be completed and signed - or purchase online at www.TravelGuard.com. Our ID Number 14719596 must be included. A separate check or charge must be made out to Travel Guard and mailed directly to Travel Guard along with your completed application form. Also, you must fill out and sign the enclosed Bell Wholesale Travel, Inc. Insurance Record Form indicating whether you have accepted insurance or are waiving it. The Insurance Record Form must be completed, signed and returned to process your reservation.

Please Hold A Seat For Me

I am enclosing a deposit of \$ (Min. \$300 per person non-refundable). I understand that the final payment is due by December 12, 2011. Payments received after December 12, 2011 subject to \$200 late fee per person, subject to availability.

NOT INCLUDED IN TRIP PACKAGE: Transportation between port of origin in the USA and airport of departure. Meals other than breakfast and dinner, after meal beverages, personal expenses, valet service, phone calls, cabs, travel and baggage insurance. Passport and visa fees and any other services that are not specifically mentioned as being included.

DOCUMENTATION: US Citizens require a passport valid for at least six months past the date of return travel. Citizens of other nations are responsible for their own passport/visa requirements. Legible photocopy of passport must be submitted with registration form or as soon as new passport is received.

AIR TRANSPORTATION: Airfares are based on advanced purchase and are subject to restrictions and are non-refundable per Delta Air Lines.

FULL PAYMENT. Full payment is due December 12, 2011. If final payment is not received by this date, reservations are subject to a \$200.00 per person late fee, and I understand that my place is not guaranteed until full payment is received at Bell Wholesale Travel, Inc.

LATE BOOKING: Reservations received after December 12, 2011.

RESPONSIBILITY: Except for the willful negligence of its direct employees, BELL WHOLESAL TRAVEL, INC. AND END-TIME HANDMAIDENS AND SERVANTS assumes no liability or responsibility for any injuries, inconveniences, illness, irregularity or incidental damages occasioned by circumstances beyond the control of tour operator, or by any person or reason whatsoever, including but not limited to events such as strikes, revolts, wars, natural disasters, closures of airports or hotels, default or omission of any common or private carrier or the default, negligence, or omission of and by any third party providing services or facilities related to or included in this tour or any part thereof, or in arranging for the same, or the acts or omissions of the Tour Host(ess). Enrollment in and payment for the tour, constitutes your acceptance of the Program Conditions and Statement of Responsibility. The program conditions become a binding contract when your enrollment and payment are received and accepted by Bell Wholesale Travel, Inc. doing business Northbrook, IL. Venue for any disputes is Cook County, Illinois. This contract shall be governed by the laws of the state of Illinois. BELL WHOLESAL TRAVEL, INC. is registered with the State of Illinois. BELL WHOLESAL TRAVEL, INC. AND END-TIME HANDMAIDENS AND SERVANTS acts only as an agent for the various companies whose accommodations are made available for the trip, and assume no responsibility or liability in connection with the service of any motorcoach, train, vessel, self-driven car, aircraft or other conveyance which is used, either wholly or in part, in the performance of its duty to the passenger. The airlines concerned are not to be held responsible for any act, omission, or event during the time that the passengers are not on board their planes or conveyances. Payments of deposit and final balance on the cost of the travel arrangements described herein, signifies acceptance on the part of the purchaser and/or passenger under the limitations of Delta Air Lines or any other I.A.T.A. carrier. In the event that it becomes necessary or advisable for any reason whatsoever, to alter the itinerary or arrangements, such alterations may be made. Additional expenses, if any, shall be borne by the passengers. Enrollment in and payment for the tour, constitutes your acceptance of the Program Conditions and Statement of Responsibility. The right is reserved to withdraw any tour if circumstance demands it. All arrangements for the enclosed accommodations and sightseeing are made by the trip operator and/or its agents.

Emergency Contact: The government requires that air carriers be given the full name of all passengers traveling on flights arriving and departing the United States. We must also provide each passenger the opportunity to designate an emergency contact name and phone number of a person not traveling on the flight(s). To enhance Customer Service and reduce airport check in times, we request this information at this time.

Contact Name: Relationship: Phone:

I accept the above terms and conditions - SIGNATURE DATE:

If you wish to pay with Visa, MasterCard or AMEX complete the information below:

Total Amount Authorized:\$

I hereby authorize Bell Wholesale Travel, Inc. to charge the amount of (spell out below the Total Amount Authorized as calculated above):

AMOUNT (FROM ABOVE):

Credit Card Company: VISA MasterCard American Express

Credit Card #: [grid]

Expiration Date: [grid] Today's Date:

Full Name (as it appears on the card):

Address (as it appears on the credit card statement):

City: State: Postal Code: Signature of Card Holder:

Insurance Record Form

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Please Note! Bell Wholesale Travel, Inc. highly recommends travel insurance. This form must be completed and returned to Bell Wholesale Travel, Inc. before we can process your reservation. Enclosed, you will find the brochure/application form from Travel Guard.

INSTRUCTIONS:

- **IF YOU ARE TAKING COVERAGE:** If you elect to apply for any of the coverage offered you must fill out the application and send your payment directly to Travel Guard as shown on the back of their brochure. If you have any questions concerning the various coverages and/or pricing please Travel Guard directly at their Toll Free number: 866-476-6698. You can apply directly with Travel Guard on their website: www.travelguard.com. After you have completed your application, make sure to include **Agent Identification Number: 14719596** you must fill out the box titled "Insurance Verification" and send this form back to *Bell Wholesale Travel, Inc.*

INSURANCE WAIVER

DATE OF DEPARTURE: _____ DATE: _____

I HAVE BEEN OFFERED THE FOLLOWING TRAVEL INSURANCE AND I HAVE DECLINED THE PURCHASE OF:

- TRIP CANCELLATION (INCLUDING AIRLINE, CRUISE, AND TOUR OPERATOR DEFAULT) BAGGAGE
 TRAVEL ACCIDENT / LIMITED SICKNESS FLIGHT INSURANCE ALL OF THE ABOVE

I, THE UNDERSIGNED WILL NOT HOLD THIS TRAVEL AGENCY AND / OR ITS AGENTS RESPONSIBLE FOR ANY EXPENSES INCURRED BY ME RESULTING FROM CANCELLATION OF MY TRIP, ACCIDENT, SICKNESS, STOLEN OR DAMAGED BAGGAGE.

NAME (please print): _____ SIGNATURE: _____

INSURANCE VERIFICATION

DATE OF DEPARTURE: _____ DATE: _____

I HAVE BEEN OFFERED THE FOLLOWING TRAVEL INSURANCE AND I HAVE PURCHASED:

- TRIP CANCELLATION (INCLUDING AIRLINE, CRUISE, AND TOUR OPERATOR DEFAULT) BAGGAGE
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AMOUNT: _____ DATED: _____ CHECK #: _____ VISA MC

NAME (please print): _____ SIGNATURE: _____