

HonestReporting Mission Application

May 28th – June 3rd, 2008

Please return your completed form, by fax, to (972) 8-974-4283.

Included in Mission:

Six nights at Inbal Hotel, Jerusalem; breakfast every day; six lunches; six dinners; arrival and departure transfers from Ben Gurion airport for participants traveling direct to the Inbal hotel. English-speaking guides; air-conditioned buses; all guest Speakers; refreshments during sessions; entrance fees; hostess; security; water on bus; and tips for bus drivers and IGT hostess.

Not Included:

Tips for hotel staff (suggested for housekeeping: \$2 per person per day); any extra guests you may wish to invite, to join the group for meals; any extra alcohol or wine with meals (beyond what is provided); airport transfers (if not flying immediately before/after your stay at the Inbal hotel); early check-in to hotel (although we will request this); any passport charges; travel insurance; excess baggage charges; any items of a personal nature, such as telephone, laundry, and so forth; anything not mentioned above

Please Print All Information Clearly

1. RESERVATION

Please reserve ___ space(s). A deposit of \$_____ is enclosed (\$500 per person minimum deposit is required.) Please see our cancellation policy on Page 4.

HonestReporting would like to book accommodations with as little inconvenience to participants as possible. To facilitate this process, we need to provide the hotel with your credit card number; which will be used only to charge "extras" (room service, laundry service, telephone calls or anything not included in the cost of the Mission). If you want the cost of the Mission to be charged to this credit card, please also complete the form on page 3 of this application.

Credit Card (Circle one): American Express Visa Mastercard
Card Number: _____ **Expiry Date:** _____

2. GENERAL INFORMATION

Participant 1:

Circle title: Mr Mrs Ms. Dr. Rabbi Other (please state) _____

Full name exactly as it appears on passport _____

Name as you'd like it on name tag _____

Male ___ Female ___ Nationality _____

Country of Birth _____ Date of Birth _____

Passport #: _____ Country & Expiry Date: _____

Please note that passport must be valid for 3 months from the date of your return to the U.S.A.

Business Information

Occupation _____ Name of Business/Company _____

Please describe your communal involvement (if any), and some of the Charities you are involved with or that you care about:

Important Medical Information

(Handicaps, allergies, medications, or medical condition that we should be aware of):

Short walks (for example, between the Inbal hotel and the Old City on Shabbat – 30-40 minutes), and steps (for example, from the Western Wall up to the Jewish Quarter of the Old City) are typically, part of our program. Please let us know if there is any reason why you will not be able to partake in this part of the program.

Religious Affiliation (Please circle one – if other, please state which)

Reform Conservative Orthodox Non-affiliated Jewish Christian Other

Have you been to Israel before? Yes/No

If you answered yes, have you attended a Mission in the past? If so, please state which

Please tell us why you have chosen to join this Mission: _____

Participant 2:

Circle title: Mr Mrs Ms. Dr. Rabbi Other (please state) _____

Full name exactly as it appears on passport _____

Name as you'd like it on name tag _____

Male ___ Female ___ Nationality _____

Country of Birth _____ Date of Birth _____

Passport #: _____ Country & Expiry Date: _____

Please note that passport must be valid for 3 months from the date of your return to the U.S.A.

Business Information

Occupation _____ Name of Business/Company _____

Important Medical Information

(Handicaps, allergies, medications, or medical condition that we should be aware of):

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Religious Affiliation (Please circle one – if other, please state which)

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If you answered yes, have you attended a Mission in the past? If so, please state which

Please tell us why you have chosen to join this Mission: _____

3. CONTACT INFORMATION

Address _____ City _____ State _____
Zip/Postal Code _____ Country _____
Home Telephone _____ Work Telephone _____
Cell: _____ Email address _____

4. EMERGENCY CONTACT

i. *Spouse:* Name _____
Place of work _____ Title _____
Address _____
Phone _____ Email _____

ii. Name _____ Relationship _____
Place of work _____ Title _____
Address _____
Phone _____ Email _____

5. BOOKING REQUIREMENTS

Number of rooms required _____

Please check which of the following options you are booking:

- a) Double Superior room- share with _____/please try to find me a roommate*
- b) Single Superior room (additional charge of \$816 for the 6 nights of Mission)
- c) Upgrade to Old City View (\$45 per night)
- d) Upgrade to Deluxe Corner Room (\$63 per night)
- e) Upgrade to Deluxe Patio Room (\$83 per night)
- f) Upgrade to Deluxe Jerusalem Room (\$98 per night)
- g) Upgrade to variety of suites (price upon request)

Special Requirements _____

Special Dietary Requirements _____

Physical limitations or restrictions _____

**Note: When possible HonestReporting will attempt to find suitable roommates, if requested. However, if we are unsuccessful, participant will be subject to the single supplement charge.*

6. SIGNATURE OF PERSON ACTUALLY COMPLETING APPLICATION

_____ Please print name _____

PLEASE RETURN WITH YOUR DEPOSIT OF \$500 PER PERSON AS SOON AS POSSIBLE

**HonestReporting reserves the right to limit participation based upon eligibility requirements and availability. For further information contact HonestReporting at:
Tel: 011 972 54 239 2574 (Israel Time – 7 hours ahead of NY time)**

Email: hmission@honestreporting.com

Dear Mission Participant:

To make the payment of your Mission fees easier for you, we accept MasterCard, American Express and Visa as a means of payment. When you return your application and are registered as a participant, **HonestReporting.com** will charge your credit card an initial deposit of \$500 per person. Sixty days before the scheduled date of departure, your card will be charged an amount needed to bring your payment to 50% of the cost per person of the Mission. Thirty days before the scheduled date of departure, your card will be charged the remaining balance. Please note that a 3% surcharge will be added to cover our credit card expenses.

If you wish to pay by check, payment must coincide with the schedule detailed above, or earlier. Your checks should be sent direct to our Accounts office:

HONESTREPORTING

520 8th Ave.
Suite 2004
New York, NY 10018

Accommodation for dates May 28th – June 3rd, 2008 (6 nights) is included in the Mission costs. We can arrange extra nights' accommodation for you at special rates, through our Tour Operator, IGT, prior to and after the Mission. Please note that these need to be booked in advance, and are charged separately, to your credit card, and will be billed at the end of the Mission, in the name of IGT – you will be given a copy of the invoice by the IGT representative during your stay with us.

In event of cancellation, an administration fee of \$100 will be charged. In addition, if the cancellation is within 30 days of the start of the Mission, 10% of the full amount will be charged, and 20% of the full amount for cancellations within 10 days of the start of the Mission.

7. PAYMENT BY CREDIT CARD

I hereby authorize HonestReporting to debit my credit card in accordance with the payment schedule detailed above.

Please circle one: Visa MasterCard Amex

Card Number _____

Expiration Date _____

Cardholder's Name _____

Cardholder's Signature _____