

HonestReporting Conference Application

May 26th – June 1st, 2010

Please return your completed form, by fax, to + (972) 8-974-4283, or by email to:

hrmission@honestreporting.com

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 under Terms & Conditions.

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 _____

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 _____

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

Help us to help you! We want to help you get the most out of your trip with us, so go ahead and help us get to know you. Of course, your privacy is paramount'.

Participant 1:

a) Important Medical Information

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

b) Walks of approx 45 minutes and climbing steps are typically, part of our program (please see “Terms & Conditions” for more information). Please let us know if there is any reason why you will not be able to partake in these part of the program.

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

Reform Conservative Orthodox Non-affiliated Jewish Christian Other

d) 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

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

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

Participant 2:

a) Important Medical Information

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

b) Walks of approx 45 minutes and climbing steps are typically, part of our program (please see “Terms & Conditions” for more information). Please let us know if there is any reason why you will not be able to partake in these part of the program.

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

Reform Conservative Orthodox Non-affiliated Jewish Christian Other

d) 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

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

f) 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 \$780 for duration of Conference)
- c) Upgrade to Old City View (\$40 per night)
- d) Upgrade to variety of suites/rooms (prices 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. 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 _____

Your health and security is a priority for HonestReporting. Please forward us a copy of your medical/travel insurance policy, together with a current passport-sized photograph, for our records, at least 21 days before the start of travelling to Israel.

I accept the attached "Terms & Conditions", and take responsibility for having sufficient medical coverage for my/our stay in Israel.

signed: _____

Terms & Conditions

1. Payment of Mission Fees

To make the payment of your Conference 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 start of the Mission, your card will be charged 50% of the balance of the Mission. Thirty days before the start of the Conference, your card will be charged the remaining balance.

Please note that a 3.5% 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 U.S. office:

HonestReporting
10024 Skokie Blvd
Suite 201
Skokie
IL 60077-1025

Please note: 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 Conference). You will be asked upon acceptance of registration for your credit card details, irrespective of how you are paying for the Mission fees.

2. Included in Mission Costs:

- Seven nights accommodation at Inbal Hotel, Jerusalem, in a standard room (unless upgraded accommodation has been booked)
- All meals throughout Mission
- Arrival and departure transfers from/to Ben Gurion airport for participants traveling direct to/from the Inbal Hotel
- English-speaking guides
- Air-conditioned buses
- All guest speakers
- Refreshments during sessions
- Entrance fees
- Armed personnel and qualified Medic throughout the Mission
- Water on bus
- Tips for bus drivers and IGT hostess

3. Not Included in Mission Costs:

- Tips for hotel staff (suggested for housekeeping: \$3 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)
- Passport charges; travel insurance; excess baggage charges
- Any items of a personal nature, such as telephone, laundry, and so forth
- Anything not mentioned above

4. Extra Nights Accommodation

Accommodation for dates May 25th – June 1st (7 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 charged during the Mission, in the name of IGT – you will be given a copy of the invoice by the IGT Hostess during your stay with us.

5. Health & Safety

We take your health and welfare very seriously. Walks of approximately 45 minutes (for example from the Western Wall to the Inbal Hotel), and climbing steps are an integral part of our program. **By completing registration, you are stating that you are in a sufficiently good physical condition to join in these activities, or will not be partaking in this activity.**

Please send us a copy of your medical insurance coverage for this trip, together with a passport photograph. These items will be kept on our files, in case of emergency.

6. Cancellation Policy

In event of cancellation, an administration fee of \$200 will be charged. In addition, if the cancellation is within 30 days of the start of the Mission, 25% of the full amount will be charged, and 50% of the full amount for cancellations within 10 days of the start of the Mission, in order to offset expenses paid in advance.