

**REGISTRATION FORM
BETH EL NER TAMID INTERFAITH TOUR TO ISRAEL
MARCH 3 - 17, 2009**

Please reserve space for _____ persons. I am sending this form with a \$500 deposit per person, payable to:

BETH EL NER TAMID
2909 West Mequon Road
Mequon, WI 53092

Deposits are due by November 30, 2008.

Please contact Joyce Gutzke, Volunteer Trip Coordinator at 262.236.3923 if you have any questions.

All passengers must have a passport that is valid for six months beyond the date of travel. If you do not have a passport, please apply for one and send the number as soon as possible. Contact your local passport office, or post office, for details.

All names must appear as they are on your passport.

Please fill out, detach and mail with your deposit.

Full name of each participant:

Address: _____

City: _____ State: _____

Zip: _____

Telephone day: _____

Telephone evening: _____

Passport # _____

Expiration: _____

Birthdate (for insurance purposes): _____ (insurance is highly recommended)