

RESERVATION FORM 'PASSEVER 2007' - page 1

Please complete in CAPITAL LETTERS all information below, sign at the bottom of both pages and **fax to us at: +972.2.992-9802**

DANIEL DEAD SEA

For office use only:
Docket ref #

Name:

Address:

City: Post Code:

Phone: Mobile:

Fax: E-mail:

Passport Nationality:

Please reserve for Adults	<input type="text"/>
& Children (3-18 years)	<input type="text"/>
& Children (0 - 2 years)	<input type="text"/>

Please specify full names and birth dates of all guests on page 2 of this reservation form

We will arrive on:

We will depart on:

ROOM TYPE	ROOM OCCUPANCY				ADD UPGRADE
	DBL	SGL	TPL	QDPL	
Superior Room Mountain					
Superior Room Sea View				X	Balcony <input type="text"/>
Deluxe Room Pool View Balcony <input type="checkbox"/> No balcony <input type="checkbox"/>					
Super Deluxe Sea & Pool		X	X	X	
Family Sea view					
Suite Junior <input type="checkbox"/> Royal <input type="checkbox"/>					
Family Package 2 Rooms (indicate room type above)	2AD+2CH	2AD+3CH	2AD+4CH	2AD+5CH	2AD+6CH

We will also participate in the Second Seder Yes No

We wish to order a private Seder for First Night Chag Yes No

1ST PAGE SIGNATURE INITIALS:

RESERVATION FORM PASSOVER 2007 (DANIEL) – page 2

Please specify names and birthdates of all persons applying to this booking:

ADULTS		CHILDREN		
NAME	BIRTHDATE		NAME	BIRTHDATE
		Children 3-18 years		
		Infants 0-2 years		

***Tips** of \$8 for a single room and \$12 for all other rooms per day will be added to the price.

***Deposit** of \$300 per room is required upon confirmation of booking.

***40% payment** is due by January 1, 2007;

***All remaining outstanding amounts** to complete full payment are due by Feb 15, 2007

METHOD OF PAYMENT:

***NOTE:** For credit card payments there is an admin fee of: AMEX-4%; Other-2%

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Transfer	Check	Credit Card	Cash

For Check and Credit Card Payments:

I hereby authorize that for this booking you may deposit my check to Eddie Freudmann Travel Ltd. or debit my credit card as per the details provided below

CREDIT CARD DETAILS:

* **NOTE:** Regardless of the chosen payment method as listed above, credit card details must be provided as security for payment for this booking. By signing below, authorization is hereby given to debit the credit card provided below for any payment not received by Eddie Freudmann Travel for this booking as per the booking terms and cancellation policy listed below.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visa	Mastercard	American Express	Other: _____

Card holder:		Expiry Date:	
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Card Number:	
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Cancellation fees (per person):

More than 90 days :50% of deposit	31 - 23 days: 50% of total cost
89 - 61 days: 100% of deposit	22 - 15 days: 75% of total cost
60 - 53 days: 25% of total	14 - 8 days: 85% of total cost
52 - 32 days: 35% of total	Less than 8 days 100% of total cost

Special Requests:

I hereby confirm that all the above information is true and accurate and agree to the terms specified herein:

Name: _____

Signature: _____ Date: _____