

RESERVATION FORM FOR PESACH 2008 – 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** or scan and email to us at: shelley@koshertravelers.com

DANIEL DEAD SEA

For office use only:
Docket ref #

| | |
|--|---|
| Person in whose name this booking is being made: | Contact person/Agent for this booking (if different): |
| NAME: | NAME: |
| Address: | Address: |
| City: Post Code: | City: Post Code: |
| Phone:..... Mobile: | Phone:..... Mobile: |
| Fax: E-mail: | Fax: E-mail: |
| Passport No: Nationality: | |

| | |
|---------------------------|---------------------------|
| We will arrive on: | We will depart on: |
|---------------------------|---------------------------|

- ***Tips** of \$10 for a single room and \$15 for all other rooms per day will be added to the price.
- ***Deposit** of \$450 per room is required upon confirmation of booking.
- ***40% payment** is due by January 15, 2008;
- ***All remaining outstanding amounts** to complete full payment are due by March 1, 2008

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| METHOD OF PAYMENT: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| * NOTE: For credit card payments there is an admin fee of: AMEX-4%; Other-2% | 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 Ltd. for this booking as per the booking terms and cancellation policy listed below.

| | | | |
|-------------------------------|-------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> American Express | Other: <input type="checkbox"/> |
| Card Holder: | Expiry Date: | | |
| Card Number: | | | |

| | | |
|--|--------------------|---------------|
| Cancellation fees (per person): | 45 – 31 days: | 50% of total |
| More than 90 days: | 31 – 23 days: | 75% of total |
| 89 – 61 days: | 23 – 14 days: | 85% of total |
| 60 – 46 days: | Less than 14 days: | 100% of total |

I hereby agree to the terms set forth in this Reservation Form and confirm that all the information provided herein is true and accurate:

| | | |
|-------|------------|-------|
| Name: | Signature: | Date: |
|-------|------------|-------|

Please note that this form is not complete unless accompanied by the 2nd page of the Reservation Form that details number of guests, room occupants & room type.

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GUEST DETAILS AND ROOM TYPE:

Please list the full names of all occupants in each room

**Kindly check the room type descriptions attached for exact room features such as balconies, position and connecting rooms - before filling in the room type and special requests*

| Room | NAMES OF OCCUPANTS <small>up to 4 persons* in each room (adults or children)</small> | Tourist (T) or Israeli (I) | BIRTH DATE (adults) or AGE (children /infants) | TOTAL NO OF PERSONS IN THE ROOM (incl. infants) | ROOM TYPE <small>Superior, Deluxe, Superdeluxe, Family Room, Family Suite, Studio, or Royal Suite</small> | SPECIAL REQUESTS <small>e.g. Renovated Connecting, Adjacent, View, Balcony Disabled</small> |
|----------|---|--|---|---|--|---|
| 1 | 1. | | | adults _____ | | |
| | 2. | | | children _____ | | |
| | 3. | | | infants _____ | | |
| | 4. | | | | | |
| 2 | 1. | | | adults _____ | | |
| | 2. | | | children _____ | | |
| | 3. | | | infants _____ | | |
| | 4. | | | | | |
| 3 | 1. | | | adults _____ | | |
| | 2. | | | children _____ | | |
| | 3. | | | infants _____ | | |
| | 4. | | | | | |

**max no of persons per room = 4 + infant in baby cot*

****FOR ADDITIONAL ROOMS PLEASE COPY THIS SHEET****

| | |
|---|--|
| We wish to order a PRIVATE SEDER for FIRST Night Chag: Number of: ADULTS _____ CHILDREN _____ | We wish to order a PRIVATE SEDER for SECOND Night Chag: Number of: ADULTS _____ CHILDREN _____ |
|---|--|

We will participate in the **SECOND SEDER (COMMUNAL)**: No of: ADULTS _____ CHILDREN _____

ADDITIONAL REQUESTS/ SPECIAL REQUIREMENTS:

2ND PAGE NAME: _____ **SIGNATURE** _____