

RESERVATION FORM FOR PESACH 2010 – page 1

Please complete in clear 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@eddiestravel.com

MORIAH PLAZA HOTEL, TIBERIAS Office use only:
Docket ref #

Person in whose name this booking is being made: Contact person/Agent for this booking (if different):

<p>NAME:</p> <p>Address:</p> <p>City: Post Code:</p> <p>Phone:.....</p> <p>Mobile: Fax:</p> <p>E-mail:</p> <p>Passport No: Nationality:</p>	<p>NAME:</p> <p>Address:</p> <p>City: Post Code:</p> <p>Phone:.....</p> <p>Mobile:</p> <p>Fax:</p> <p>E-mail:</p>
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We will arrive on: _____ **We will depart on:** _____

- ***Rates** as per Eddie's Travel Rate Sheet & Terms;
- ***Tips** of \$15 / 60NIS per room, per day will be added to price;
- ***Deposit** of \$500 / 2,000NIS per room is required upon confirmation of booking;
- ***50%** of payment is due by January 1, 2010;
- ***Balance** of outstanding amounts are due no later than February 12, 2010.

PLEASE CONFIRM PAYMENT METHOD:

*NOTE: Credit Card merchant fee AMEX 3%;
Visa or Mastercard 2% will apply

<input type="checkbox"/> Bank Transfer	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash
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For Check and Credit Card Payments: I hereby authorize that for this booking you may deposit my check to Eddie's 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 Travel Ltd. for this booking as per the booking terms and cancellation policy listed in this form.

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

Cancellation fees per person:	Within 90 days: 50% of Deposit	Within 14 days: 100% of Total
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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:
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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

Room	NAMES OF OCCUPANTS <small>*Max 4 persons in each room Adults or Children PLUS infant in baby cot</small>	Tourist (T) or Israeli (I)	BIRTH DATE (adults) AGE (children /infants)	TOTAL NO OF PERSONS IN THE ROOM (incl. infants)	ROOM TYPE <small>Classic: Level 3 Deluxe Balcony: Levels 4-12 Deluxe Suite:</small>	SPECIAL REQUESTS <small>Connecting; Adjacent; Lake view; Pool view</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 persons for 2 rooms = 8 persons + 2 infants **except** for Deluxe connecting rooms where max persons is 2 adults + 4 children

We will participate in the **FIRST NIGHT COMMUNAL SEDER**: No of: ADULTS ____ CHILDREN ____

We require a **PRIVATE SEDER** for **FIRST NIGHT** Chag: Number of: ADULTS ____ CHILDREN ____

Will you be observing 2 days Chag? Yes No

We will participate in the **SECOND NIGHT COMMUNAL SEDER**: No of: ADULTS ____ CHILDREN ____

We require a **PRIVATE SEDER** for **SECOND NIGHT** Pesach: Number of: ADULTS ____ CHILDREN ____

ADDITIONAL REQUESTS/ SPECIAL REQUIREMENTS:

****FOR ADDITIONAL ROOMS UNDER THIS BOOKING PLEASE COPY THIS SHEET AND ATTACH****

2ND PAGE SIGNATURE: _____