

**DISCOVER Israel 2023
REGISTRATION FORM**

Group: **WELCH – APRIL 24, 2023**

Name: _____
(Gender and name **exactly** as printed on passport)

Address: _____

City, State, & Zip: _____

Phone (area code): _____

Email: _____

Citizenship: _____
(Country issuing passport)

Passport #: _____
(Mail a copy of passport to **IGM TOURS**, do not fax)

Departure City: _____

Roommate: _____
(Singles must pay surcharge!)

_____ I request single room lodging (\$1,500 supplemental surcharge)

_____ I request LAND ONLY

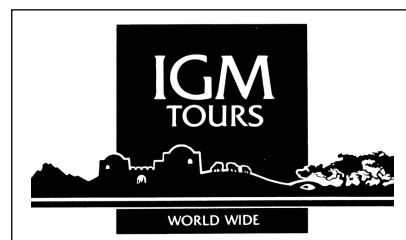
I have carefully read the brochure and Tour Conditions and agree to these terms and conditions as a binding contract when my registration and deposit are received by IGM TOURS.

Enclosed is my deposit of \$ _____ (\$400 per person)

Signature

Date

Mail Deposit to:
IGM TOURS
P.O. BOX 20488
Castro Valley, CA 94546
(510) 727-0380
(510) 538-8777 fax
Email: igmtours@aol.com



VISA and Master Card payments: Call IGM TOURS or submit the card number, name on the card, expiration date, security code and billing zip code.