

2008 HOLY LAND TOUR WITH DR. MARK T. BARCLAY

November 5 - 14, 2008

REGISTRATION FORM

FILL IN EXACTLY AS IN PASSPORT OR BIRTH CERTIFICATE

Passenger 1: Last Name: _____ First Name: _____
Male: ___ Female: ___ Date of Birth: _____ Country of Birth: _____
Citizen of USA: ___ Other: _____ PASSPORT # _____
Expiration Date: _____ Issued by: _____

Passenger 2: Last Name: _____ First Name: _____
Male: ___ Female: ___ Date of Birth: _____ Country of Birth: _____
Citizen of USA: ___ Other: _____ PASSPORT # _____
Expiration Date: _____ Issued by: _____

Mailing Address: _____ Apt/Suite: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Fax #: _____ Work #: _____
Cell #: _____ Email: _____

Special Requests, Diets, etc.: _____
Pastor: _____ **Church:** _____

**Please Include a Clear Copy of the Picture Page of
Your Passport (if already available)**

Price: \$3985.00 per person based on a double occupancy. Single occupancy is available at additional cost. Price includes air travel, hotels, tours and meals per itinerary.

Deposit: \$500.00 per person non-refundable. Purchase of trip cancellation insurance is required at the time of the deposit. Space is limited – please reserve now.

Payment options: Check or Credit Card. For credit card payments please add a 5% bank processing fee.

1/ Check: Mail to AFTC Travel, 5284 Randolph Road, Box 125, Rockville, MD 20852

2/ Credit Card No: _____ Exp. Date: _____
Sec. code on card: _____ Visa: ___ MasterCard: ___ AmEx: ___
Card holder's name (print): _____
Billing Address: _____ City: _____
State: _____ Zip: _____ Tel: _____

Amount: \$525.00 per person. Total: \$ _____
A clear copy of the front and back of the credit card must be attached.

Authorized signature: _____

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Mandatory Travel Insurance (US and Canadian residents only) - covers losses incurred due to medical emergencies involving the passenger or close family members. Reimbursement covers trip cost including deposits, missed connection, travel delay, emergency medical and dental, lost baggage, etc. See policy for detailed information regarding coverage. Based on tour cost of \$3985.00, the non-refundable premium per person is:

Age:	up to 30	31-59	60-70	71-75	76-79
Cost:	\$164	\$187	\$272	\$354	\$422

The payment for travel insurance is due at the time of deposit.

Payment options: Check or Credit Card.

1/ Check: Mail to AFTC Travel, 5284 Randolph Road, Box 125, Rockville, MD 20852

2/ Credit Card No: _____ Exp. Date: _____
Sec. code on card: _____ Visa: _____ MasterCard: _____ AmEx: _____
Card holder's name (print): _____
Billing Address: _____ City: _____
State: _____ Zip: _____ Tel: _____

Amount: \$ _____ Insured #1
 \$ _____ Insured #2
. Total: \$ _____

A clear copy of the front and back of the credit card must be attached.

Authorized signature: _____

2008 HOLY LAND TOUR Payments Schedule - per person

Deposit of \$500.00 and Travel Insurance payment - due with the registration.

March 31, 2008: \$ 850.00
May 15, 2008: \$ 865.00
June 30, 2008: \$ 875.00
Aug. 15, 2008: \$ 895.00 plus single supplement if applicable

** \$200 early-bird discount if full payment is received by Feb 29, 2008

Payment options: Check or Credit Card. For credit card payments please add a 5% bank processing fee.

Cancellation Penalties:

The deposit (\$500) and trip cancellation insurance are non-refundable.
After June 10, 2008 - \$ 900.00 per person
After Aug. 15, 2008 - The full amount is non-refundable

AFTC Travel, Rockville, MD 20852
Tel: 301-681-5563 Fax: 301-681-1230