



ACADEMY INTERNATIONAL TRAVEL SERVICES, INC.

Israel in January
Louisville Presbyterian Seminary
January 10 - 27, 2009

REGISTRATION FORM

Send registration form and a copy of your passport (p. 1) to Academy Travel at the address below, along with \$500 deposit. Send duplicate form and passport copy to Patricia Tull at Louisville Seminary (ptull@lpts.edu or 1044 Alta Vista Rd., Louisville, KY, 40205).

**Please type or print.

Name(s) _____

(As it appears on your Passport; airline ticket will be issued using this information)

Address: _____

City/State/Zip _____

Tel:(Home) _____ (Office) _____

e-mail address: _____ (Please print clearly)

Passport Number: _____ Date of Issue _____ Expiration Date _____

(Please send a scanned copy of page 1 of your Passport to academy@aitsatl.com.)

The tour includes roundtrip air from/to Louisville. If you need special air arrangements, please indicate your departure city below. An agent will contact you to help arrange airfare from your departure city.

Departure City: _____

It is important for Academy International Travel Services to coordinate flight schedules and arrangements.

My \$500 deposit (each passenger) is attached to confirm participation and as a credit toward the total cost of the program. It is understood that an invoice for the \$3500 balance will be sent and is to be paid in full four (4) weeks prior to departure.

I wish a single room on the tour (\$475.00 extra)

Make payments to:

Academy International Travel Services, Inc.

125 Clairemont Avenue Suite 350 * Decatur, Georgia 30030 USA * (404) 687-2080
1-800-476-6943 * Fax: (404) 687-0390 * EMAIL: academy@aitsatl.com

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Information for Tour Leader

Name _____ Home address _____

Rooming Preference:

_____ Single room

_____ Double room

_____ I have made arrangements to room with _____.

_____ Please choose a roommate for me.

Please fill this out if you need a roommate chosen. We will do our best to make you a match.

I am a _____ smoker or _____ non-smoker

I tend to be _____ introverted or _____ extroverted

I am a _____ morning person or _____ nightowl

I prefer to: _____ read; _____ watch TV;
_____ have a party; _____ go for a walk

My age is: _____ 22-35 _____ 35-55 _____ over 55 _____ none of your business!

Do you have any medical or dietary limitations or other special needs that trip leaders should be aware of?

Emergency Contact: Please list the name and complete contact information for the nearest relative or friend back home that we should contact in case of emergency:

Name _____ Home phone number () _____

Email _____ Cell or office number () _____