

**Young Israel of Scarsdale  
Solidarity Mission to Israel  
January 24-29, 2009**

*Please return this form by fax immediately to:  
YOUNG ISRAEL OF SCARSDALE 914-636-1209*

*And to:  
EMUNAH of America, Conference Department  
7 Penn Plaza, Suite 205, New York, NY 10001  
Fax: (212) 947-5326*

*Then mail copy of this form together with your check for your deposit.*

\$ 650 p/person double occupancy  
\$ 125 single supplement  
Price includes: 3 nights@ the King Solomon hotel, daily breakfast, and land transportation

\_\_\_Single    \_\_\_Double, sharing with \_\_\_\_\_

PASSPORT NAMES	Date of Birth	Passport Number	Issue Date	Exp. Date	Place Issued

Office/Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Fax no: \_\_\_\_\_

Special dietary request for EL AL: \_\_Glatt    \_\_Vegetarian    \_\_Fish    \_\_Children's Meals  
**NOTE: Only EL AL frequent travelers are guaranteed pre-seating. Only 1 FF# can be entered in record.**  
EL AL Frequent Flyer No. (please include 2-letter pre-fix) \_\_\_\_\_ Seat request \_\_\_\_\_  
American Airlines Frequent Flyer No. \_\_\_\_\_

Enclosed please find my check in the amount of \$\_\_\_\_\_ made payable to Emunah of America.

Recommended EL-AL flights:  
January 24 Newark/TLV LY26 11:50PM – 5:15PM  
January 29 TLV/Newark LY27 12:05AM – 5:05AM

*Price is \$ 879.40 and is subject to availability*

\_\_\_Please charge my credit card \$\_\_\_\_\_ as follows:  
Type of Card: \_\_\_\_\_; Card Number: \_\_\_\_\_; Expiration Date: \_\_\_\_\_;

Signature: \_\_\_\_\_

**FULL PAYMENT IS DUE IMMEDIATELY. NO REFUNDS. ANY CHANGES MADE ONCE TICKETS ARE ISSUED ARE SUBJECT TO EL-AL FEE OF \$ 250. EL-AL TICKETS ARE NON REFUDABLE. FOR EXTENDED STAYS, PLEASE CONTACT EMUNAH DIRECTLY.**

For more information, please call: Debbie, Emunah Conference Dept., 212-947-5454 ext. 321