



Bell Wholesale Travel, Inc.



“STANDING WITH ISRAEL TOUR”

February 22 to March 2, 2012

LED BY PASTORS JERRY AND CHRIS MCQUAY

HOSTED BY MELVA LEA BEACHAM

REGISTRATION FORM

PLEASE TYPE OR PRINT YOUR NAME – EXACTLY AS IT APPEARS ON YOUR PASSPORT

MR. MRS. MS. LAST NAME: MIDDLE: FIRST:

HOW WOULD YOU LIKE YOUR NAME TO APPEAR ON YOUR NAME TAG (first name on passport will appear if left blank): (SUE, BOB, BILL):

PASSPORT #: COUNTRY: EXPIRATION DATE: DOB:

\*We require a copy of your Passport I.D. Page with the Registration Form.

If applying for a new Passport, please send a copy of the application followed by a copy of the Passport once received.

MR. MRS. MS. LAST NAME: MIDDLE: FIRST:

HOW WOULD YOU LIKE YOUR NAME TO APPEAR ON YOUR NAME TAG (first name on passport will appear if left blank): (SUE, BOB, BILL):

PASSPORT #: COUNTRY: EXPIRATION DATE: DOB:

\*We require a copy of your Passport I.D. Page with the Registration Form.

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PHONE - HOME: CELL: WORK: FAX:

STREET/MAILING ADDRESS (NOT A P.O. BOX):

CITY: STATE: ZIP CODE: MILEAGE #:

EMAIL: ROOMING WITH: (if not listed above): SPECIAL MEAL: SEATING:

Table with 4 columns: DESCRIPTION, RATE PER PERSON, # OF PEOPLE, TOTAL PRICE. Rows include Early Bird Special, Rate if paid in full, and Single Supplement.

SUBTOTAL

IF PAYING BY CREDIT CARD ADD

LESS \$300 (NON-REFUNDABLE) DEPOSIT PER PERSON

TOTAL DUE BY NOVEMBER 22, 2011

Emergency Contact: The government requires that air carriers be given the full name of all passengers traveling on flights arriving and departing the United States.

Contact Name: Relationship: Phone:

REGISTRANT SIGNATURE: DATE:

PLEASE NOTE! YOUR SIGNATURE IS ALSO REQUIRED ON THE "TERMS AND CONDITIONS" SHEET OF THE REGISTRATION FORM



Bell Wholesale Travel, Inc.



BASIC TERMS AND CONDITIONS

- 1. Cancellation Policy Per Person: From receipt of initial deposit to 91 days prior to departure - \$300.00, from 90 to 45 days - 25%, from 44 to 30 days - 50%, from 29 to 15 days - 75%, from 14 to 00 days - 100%.
2. Final payment is due no later than November 22, 2011.
3. Your deposits, Registration Form, Insurance Record Form and final payment checks must be made out and sent to: Bell Wholesale Travel, Inc. - 3192 Doolittle Drive - Northbrook, IL 60062
4. Travel Insurance is strongly recommended. If you choose to purchase travel insurance, the enclosed Travel Guard Application Form must be completed and signed - or purchase online at www.TravelGuard.com. Our ID Number 14719596 must be included. A separate check or charge must be made out to Travel Guard and mailed directly to Travel Guard along with your completed application form. Also, you must fill out and sign the enclosed Bell Wholesale Travel, Inc. Insurance Record Form indicating whether you have accepted insurance or are waiving it. The Insurance Record Form must be completed, signed and returned to process your reservation.

Please Hold A Seat For Me

I am enclosing a deposit of \$ (Min. \$300 per person non-refundable). I understand that the final payment is due by November 22, 2011. Payments received after November 22, 2011 subject to \$200 late fee per person, subject to availability.

NOT INCLUDED IN TRIP PACKAGE: Transportation between port of origin in the USA and airport of departure. Meals other than breakfast and dinner, after meal beverages, personal expenses, valet service, phone calls, cables, travel and baggage insurance. Passport and visa fees and any other services that are not specifically mentioned as being included.

DOCUMENTATION: US Citizens require a passport valid for at least six months past the date of return travel. Citizens of other nations are responsible for their own passport/visa requirements. Legible photocopy of passport must be submitted with registration form or as soon as new passport is received.

AIR TRANSPORTATION: Airfares are based on advanced purchase and are subject to restrictions and are non-refundable per Delta Air Lines.

FULL PAYMENT: Full payment is due November 22, 2011. If final payment is not received by this date, reservations are subject to \$200.00 per person.

LATE BOOKING: Reservations received after November 22, 2011.

RESPONSIBILITY: Except for the willful negligence of its direct employees, BELL WHOLESale TRAVEL, INC., MELVA LEA BEACHAM, MELVA LEA MINISTRIES, AND CHRISTIAN LIFE CENTER AND PASTORS Jerry and Chris McQuay assumes no liability or responsibility for any injuries, inconveniences, illness, irregularity or incidental damages occasioned by circumstances beyond the control of tour operator, or by any person or reason whatsoever, including but not limited to events such as strikes, revolts, wars, natural disasters, closures of airports or hotels, default or omission of any common or private carrier or the default, negligence, or omission of and by any third party providing services or facilities related to or included in this tour or any part thereof, or in arranging for the same, or the acts or omissions of the Tour Host(ess). Enrollment in and payment for the tour, constitutes your acceptance of the Program Conditions and Statement of Responsibility. The program conditions become a binding contract when your enrollment and payment are received and accepted by Bell Wholesale Travel, Inc. doing business Northbrook, IL. Venue for any disputes is Cook County, Illinois. This contract shall be governed by the laws of the state of Illinois. BELL WHOLESale TRAVEL, INC. is registered with the State of Illinois. BELL WHOLESale TRAVEL, INC., MELVA LEA BEACHAM, MELVA LEA MINISTRIES, AND CHRISTIAN LIFE CENTER AND Jerry and Chris McQuay act only as an agent for the various companies whose accommodations are made available for the trip, and assume no responsibility or liability in connection with the service of any motorcoach, train, vessel, self-driven car, aircraft or other conveyance which is used, either wholly or in part, in the performance of its duty to the passenger. The airlines concerned are not to be held responsible for any act, omission, or event during the time that the passengers are not on board their planes or conveyances. Payments of deposit and final balance on the cost of the travel arrangements described herein, signifies acceptance on the part of the purchaser and/or passenger under the limitations of Delta Air Lines or any other I.A.T.A. carrier. In the event that it becomes necessary or advisable for any reason whatsoever, to alter the itinerary or arrangements, such alterations may be made. Additional expenses, if any, shall be borne by the passengers. Enrollment in and payment for the tour, constitutes your acceptance of the Program Conditions and Statement of Responsibility. The right is reserved to withdraw any tour if circumstance demands it. All arrangements for the enclosed accommodations and sightseeing are made by the trip operator and/or its agents.

I accept the above terms and conditions - SIGNATURE DATE:

If you wish to pay with Visa, MasterCard or AMEX (with a 4% service charge) complete the information below:

Sub Total from Cover: \$

Plus 4% Surcharge (Total times .04): \$

Total Amount Authorized: \$

I hereby authorize Bell Wholesale Travel, Inc. to charge the amount of (spell out below the Total Amount Authorized as calculated above):

AMOUNT (FROM ABOVE):

Credit Card Company: VISA o MasterCard o American Express o

Credit Card #: [grid]

Expiration Date: [grid] Today's Date: \_\_\_\_\_

Full Name (as it appears on the card): \_\_\_\_\_

Address (as it appears on the credit card statement): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_