



Koinonia Institute
Israel II – The Issachar Tour
Chuck Missler and Dan Stolebarger

REGISTRATION FORM

Passenger #1 _____ Date of Birth _____
 (print name here exactly as it shows on your passport)

Passport # _____ Date of Issue _____ Exp Date _____ Place of Issue _____

Passenger #2 _____ Date of Birth _____
 (print name here exactly as it shows on your passport)

Passport # _____ Date of Issue _____ Exp Date _____ Place of Issue _____

Roommate's name (if not shown above) _____

Names exactly as you want them on your name badge

Passenger #1 _____ Passenger #2 _____

Mailing Address _____

City _____ State _____ Zip _____

Day phone _____ Evening phone _____

Email address _____ Domestic Air from what city? _____

I have read, understand and accept on behalf of all registering here, the "terms and conditions" of this tour as printed.

Signature _____

| Prices are per person: Domestic airfare is additional. You will be advised as to the cost once quote is received. | Payment with Cash Discount | Credit Card Amount | Payment by Credit Card |
|--|-----------------------------------|---------------------------|-------------------------------|
| 1. Israel package rate (per person based on double occupancy) | \$4365 | | \$4496 |
| 2. Insurance (highly recommended) @ \$296 (covers up to \$5,000) | | @ \$306 | |
| 3. Single supplement, if applicable @ \$790 | | @ \$814 | |
| 4. Total Due | | | |
| 5. Deposit being paid today (Minimum of \$500 plus insurance) | | | |
| 6. Balance due on or before August 10, 2007 | | | |

Singles Wanting Roommate: While we will try to match you up with a roommate, we cannot guarantee one. Should we not be able to accommodate you with a roommate, the single supplement will have to be paid.

_____ Yes, please attempt to assign me a roommate. I understand this is not guaranteed. I also agree that the room will remain a smoke-free environment.

FORM OF PAYMENT

___ Check (enclosed payable to Koinonia Institute). Please write: Israel II on the memo line.

___ Visa ___ MasterCard ___ American Express ___ Discover

Card Number: _____ Expires: _____

Cardholder Signature: _____

Mail To: Koinonia Institute . Attn: Israel Tours . PO Box D . Coeur d'Alene, ID 83816-0347 800-KHOUSE 1 Fax 208-777-7693