



**Koinonia Institute**  
**Israel – The Berean Tour & optional Petra Excursion – March 25, 2008**  
**Chuck Missler and Dan Stolebarger**  
**REGISTRATION FORM AND PRICING**

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) \_\_\_\_\_ Domestic Air City: \_\_\_\_\_

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 \_\_\_\_\_

<b>Prices are per person: Domestic airfare is additional and quoted 70 days prior to departure.</b>	<b>Payment with Cash Discount</b>	<b>Credit Card Amount</b>	<b>Payment by Credit Card</b>
1. Israel package rate (per person based on double occupancy)	\$3865	\$3980	
2. Insurance (highly recommended) @ \$296 (covers up to \$5,000)	\$296	\$306	
3. Single supplement, if applicable @ \$682	\$682	\$703	
4. Optional Petra Adventure	\$775	\$799	
5. Single supplement for Petra (1 night Jerusalem, 2 nights Petra)	\$175	\$180	
6. TOTAL PACKAGE COST (plus domestic air)			
5. Deposit being paid today (Minimum of \$500 plus insurance)			
6. Balance due on or before January 25, 2008.			

**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