

REGISTRATION FORM
EXPERIENCE ISRAEL WITH Family Media
20th - 29th September 2011

LAST NAME (as it appears on your passport): _____

FIRST NAME (as it appears on your passport): _____ MAILING ADDRESS: _____

PROFESSION: _____

CITY: _____ PROVINCE: _____ POSTAL CODE _____

DAY TIME TEL# () _____ HOME TEL# () _____

BIRTHDATE: DAY _____ MONTH _____ YEAR _____

CONTRIES VISITED: _a).....
b).....
c).....

Special Diet: _____ Health issues/ medication: _____

Next of Kin Name: _____ Next of Kin Contacts: _____

SINGLE SUPPLEMENT AT AN EXTRA \$350: YES _____ NO _____

INSURANCE IS A MUST DO YOU HAVE YOURS? Yes _____ No _____

PASSPORT NUMBER: _____ Validity Period: _____ DATE OF ISSUE: _____ Expiry Date: _____

PLEASE FAX COPY OF ALL PASSPORTS OPEN TO NAME AND VALIDITY

FAX: (+254) 20 4200 100 ATTENTION Margret or email it to promotions@familymedia.tv

EMERGENCY CONTACT: _____ TEL :() _____

ENCLOSED CHEQUE PAYMENT OF DEPOSIT **\$1,000.00** PER PERSON

FULL, NON REFUNDABLE.

Applications should be completed and mailed with cheques made out to:

Address:

Account name: TBN Family Media Ltd (**Dollar Account**)
Account Bank: Co-operative bank of Kenya
Bank Branch: Co-operative House
Account No: 02120000799100