



Innovation Africa MISSION: JULY 2 – 8, 2019

Name: _____ Date of birth ____/____/____

(As it appears in your passport)

Telephone Number: (Home) _____ (Cell) _____

Address: _____

Email: _____@_____

Passport Number: _____

Passport Expiration Date: ____/____/____

(Passport must be valid 6 months from date of return)

Nationality: _____

Allergies or Restrictions: _____

Special Considerations: _____

Room Occupancy: Single* _____

Double _____ I would like to Room with: _____

*Single occupancy surcharge is \$500.

Emergency Contact:

Name: _____ Relationship _____

Phone: (Home) _____ (Cell) _____

Email: _____@_____

Cost will be approximately \$5,500 per person for double occupancy of which \$1,800 is tax-deductible. Single supplement is \$500.

This estimate *includes*, guides, buses, hotels, and meals as specified in the itinerary and your transfer back to the airport. Airfare and gratuities are *not* included.

Please enclose a deposit of \$500 per person with this application by October 12th.

Payments can be made with a Check or by Credit Card* and sent to the address below.
UJA-JCC Greenwich, One Holly Hill Lane, Greenwich CT 06830

*Please note, there is a 3% surcharge on credit card payments

AMERICAN EXPRESS VISA MASTERCARD

CARD NUMBER

EXPIRATION DATE