



**Innovation Africa MISSION: JULY 1 – 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.

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**Please enclose a deposit of \$500 per person with this application**

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