

# HOLY LANDS REVEALED - RESERVATION FORM 12/11

Please review/complete (print legibly) and mail this form signed with your deposit/payment (payable to HOLY LANDS REVEALED) to:  
**HOLY LANDS REVEALED**, P.O. Box 52, Sandy, UT 84091 - Toll-free (800) 272-RONA (7662) or (801) 272-RONA (7662) - Fax (801) 278-4821

Program Participant 1	Name			Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (dd/mm/yyyy)	
	Name as Appears on Passport: First Middle Last			Passport Number		Social Sec. Number	
	Issued at		Expiration Date (dd/mm/yyyy)	Place of Birth	<input type="checkbox"/> I have Enclosed a Copy of the Passport		
	Room Occupancy <input type="checkbox"/> I Prefer a Single Room (single supplement applies)			<input type="checkbox"/> I will Share a Room with Program Participant 2		<input type="checkbox"/> I Will Share a Room with Another Program Participant (Name) _____	
Past/Present Occupation			Allergies, Dietary, or Health Conditions Needing Special Attention				

Program Participant 2	Name			Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (dd/mm/yyyy)	
	Name as Appears on Passport: First Middle Last			Passport Number		Social Sec. Number	
	Issued at		Expiration Date (dd/mm/yyyy)	Place of Birth	<input type="checkbox"/> I have Enclosed a Copy of the Passport		
	Room Occupancy <input type="checkbox"/> I Prefer a Single Room (single supplement applies)			<input type="checkbox"/> I will Share a Room with Program Participant 1		<input type="checkbox"/> I Will Share a Room with Another Program Participant (Name) _____	
Past/Present Occupation			Allergies, Dietary, or Health Conditions Needing Special Attention				

Program Participant 1 - Preferred Name on Name Tag			Program Participant 2 - Preferred Name on Name Tag			
Address		City	State	ZIP	e-mail	
Home Phone ( )		Office Phone ( )		Fax Phone ( )		

How did you hear about HOLY LANDS REVEALED with DANIEL RONA?  
 Fireside  TV Ad  Magazine Ad  Celebrity / Travel Agency/Outside Agent/LDS Bookstore (Name) \_\_\_\_\_  
 Friend (Name) \_\_\_\_\_  Internet (Site) www. \_\_\_\_\_ Other \_\_\_\_\_

Program Selection <input type="checkbox"/> SPLENDORS OF THE NILE REVEALED Program <input type="checkbox"/> HIGHLIGHTS OF EGYPT REVEALED Program <input type="checkbox"/> PETRA REVEALED Program <input type="checkbox"/> ISRAEL REVEALED with Daniel or Steven Rona <input type="checkbox"/> NEW TESTAMENT TURKEY REVEALED Program	<b>BOOK OF MORMON LANDS REVEALED:</b> <input type="checkbox"/> Full Program (Guatemala, Honduras, Belize & Yucatan) <input type="checkbox"/> Abridged Program (Guatemala, Honduras & Belize) Other: _____
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Preferred Tour Dates (or Tour Code) (1) _____ (2) _____ (3) _____	Group Name or Tour Leader (if applicable)
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Air Arrangements <input type="checkbox"/> Please Book the Air Arrangements for me (ticketing fee to be added) Depart from _____ Return to _____	<input type="checkbox"/> I will Book the Air Arrangements Arrival Flights _____ Return Flights _____
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Emergency Contact Relationship _____ Name _____ Phone _____ Address _____
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## HOLY LANDS REVEALED (HLR) TERMS AND CONDITIONS 12/11

A \$400 deposit per person is required with each reservation/booking. Full payment in full is due 60 days before travel start date. Reservations made less than 60 days prior to travel start date will require full payment upon reservation, and may be subject to increase in airfare and late fees. Payments received less than 60 days prior to travel start date must be made by Cashier's Check, or Money Order. Checks are payable to Holy Lands REVEALED. A supplement per person per night applies for single occupancy. A \$75 per ticket airline ticketing fee applies for each airline ticket. A \$100 fee will apply to all late payments. Reservations received less than 30 days prior to travel program start date are subject to a charge of \$100 in order to expedite the request. Prices and Incentive Discounts are subject to change based on, but not excluding, availability and seasonal adjustments. Prices and air arrangements are subject to change. Airfare is subject to change until ticketed. Itinerary, hotels, guides are subject to change (hotels of similar class may be used without notice). Deviations from the Travel Programs listed are subject to a \$100 deviation fee. A \$100 change fee is assessed for each change made after original reservation/booking; and a \$250 change fee plus any airline fees and additional airfare is assessed for each change made after ticketing. A \$200 per person administration fee is applicable for all cancellations. There may be charges for airline or other cancellations at any time. In event of cancellation, payment made by credit card is subject to a 5% charge (cancellations made by HLR or program participants). Cancellations made after full payment received or due could incur any airline/vendor, credit card or other fees and be up to 100% of total program price (see the CANCELLATION POLICY included in the first mail out packet). Unused Services are non refundable. Cancellation notices, in writing, must be sent by registered mail to Holy Lands REVEALED at P.O. Box 52, Sandy, UT 84091. Some HLR programs require a minimum of ten full paying participants to operate; HLR reserves the right to cancel if the number of participants in a program drops below ten. On all Israel programs of 4 participants or less that require a guide's overnight outside of Jerusalem there is an FIT supplement per night of \$195.00 (Deluxe) and/or \$115.00 (First-Class). High Season/week-end/summer supplements may be added to the per night FIT when applicable. I understand that this documentation includes the entire HLR Reservation Form (which includes these Terms and Conditions, the Trip Interruption/Medical Insurance Information, the Identity Theft Monitoring/Restoration/Legal Service Plan information, the Identity Theft Shield™ & Legal Services information opt-in/opt-out, and the HLR Credit Card Policy). I understand that according to FACTA, GLB, Red Flag Rules, HIPAA, and other Federal/State statutes, this documentation provides evidence of HLR's willingness to comply with reasonable efforts to provide HLR clients Identity Theft monitoring and restoration services information through LegalShield®. Israel Revealed, LLC does business as Holy Lands Revealed. Israel Revealed, LLC or any associated representative acts as agent for the hotels, airlines, ship companies, or owners or contractors providing accommodations, transportation or other services. Contracts and tickets are issued subject to any and all tariffs, terms and conditions under which any services whatsoever are provided by such vendors or contractors. Israel Revealed, LLC or any associated representative shall not be or become liable or responsible for any loss or injury or damages to person, baggage, property or otherwise in connection with any services resulting directly or indirectly from any acts of governments or other authorities, wars, whether declared or undeclared, hostilities, strikes, riots, civil disturbances, thefts, pilferage, epidemics, quarantines, custom regulations, delays, cancellations or changes in itinerary or schedules or from any causes beyond Israel Revealed, LLC control, or for any loss or damage resulting from improper passports, visas or other documents. Israel Revealed, LLC or any associated representative shall not be or become liable or responsible for any additional expenses or liability sustained by the traveler as a result of any foregoing causes, and the tickets or contracts in use by any vendor or contractor providing any services shall constitute the sole contract between such vendor or contractor and the purchaser of tour and/or tour member. In the event of litigation that results from any terms & conditions in this agreement the prevailing party shall be entitled to reasonable attorneys fees, court costs & collection costs.

I understand and agree to the above terms and conditions of this tour program. Date (dd/mm/yyyy) \_\_\_\_\_

Program Participant 1 Signature \_\_\_\_\_

Program Participant 2 Signature \_\_\_\_\_

## Trip Interruption, Medical Insurance Option

As the tourist industry faces many changes on a continual basis, it is highly recommend to have trip interruption and/or medical insurance to cover unexpected situations. HOLY LANDS REVEALED offers a policy through Travelex Travel Protection which has coverages for our travel programs. Traveling with Travelex Travel Protection provides unique insurance coverage, specially designed to protect your travel costs from events such as, but not limited to, unexpected sickness or injury, hurricanes or other natural disasters, labor strikes, lost baggage and emergency medical expenses (coverage based on Travelex's policy).

There are other travel insurance programs available. You are welcome to research other travel protection. HOLY LANDS REVEALED in no way acts as an agent for Travelex and is not liable or responsible for the decisions made by that company.

Date (dd/mm/yyyy) \_\_\_\_\_

HOLY LANDS REVEALED urges you to consider travel insurance should unforeseen events occur.

Yes, I will consider Travelex travel insurance. Send me enrollment information. In event of enrollment, payment will be made to Travelex Travel Services. (Forms will be sent to you upon receipt of this reservation form.)

I do not want to purchase travel protection at this time.

I want to research and purchase travel protection through another source.

Program Participant 1 Signature \_\_\_\_\_

Program Participant 2 Signature \_\_\_\_\_

## Identity Theft Shield™ Monitoring/Restoration with LegalShield® Information

Required information given to you by HOLY LANDS REVEALED

The FBI reports Identity Theft as the largest crime affecting Americans today. **HOLY LANDS REVEALED** has a written plan (per FTC guidelines) including Red Flag rules and an Identity Theft Monitoring/Restoration plan to protect **HOLY LANDS REVEALED's** clients.

Only 17% of identity theft is credit related. 83% relates to other areas such as Drivers Licence Identity Theft (other's violations end up on your record), Medical Information Theft (others get treatment on your identity causing your insurance to be cancelled), Character Identity Theft (you may be arrested for crimes in your name), and/or Social Security Identity Theft (others get paid on your SSN making you liable for taxes). All require legal help! We have information available that Kroll Identity Theft Shield™ combined with a LegalShield® plan that can provide an effective solution in North America to multiple forms of Identity Theft before, during, & after an event.

We inform you on the above because in facilitating travel and travel insurance, personal identity information (such as, but not limited to, name, birth date, social security and passport information) may be given to insurance providers, hotels, airlines, ship companies, owners or contractors providing accommodations, transportation and/or other service providers, numerous times. Therefore, the services offered with Kroll Identity Theft Shield™ by LegalShield® are recommended. These services may mitigate detainment, fraud or other serious damages.

## Identity Theft Shield™ with LegalShield® Information Option

The Kroll Identity Theft Shield™ Gives Me & My Spouse:  
(see plan for details)

- Initial Credit Report (including guide on how to read it & what it means)
- Daily Monitoring of Credit, Address Change, Personal Data, etc.
- Full Identity Restoration (in the event of a breach)

A LegalShield Plan® Gives Me & My Family:  
(see plans for details)

- LegalShield (24/7 attorney access when detained, questioned, etc.)
- Preventive (includes a Will/annual updating, consulting with attorneys on unlimited matters, letters & calls for me, including issues involving Identity Theft)
- Vehicle Legal (defense of traffic violations & related criminal charges)
- Trial Defense (On the Job and in a civil suit and have a viable defense)
- IRS Audit Assistance and Trial Defense
- Many Other Legal Services at discounted rates

Date (dd/mm/yyyy) \_\_\_\_\_

I have seen the LegalShield® and the Kroll Identity Theft Shield™ Brochure listing the specific benefits of these coverages. Holy Lands Revealed has given me information how to get these benefits. I understand that there may be NO coverage regarding Identity Theft monitoring & restoration with legal support under any of my other contracts of insurance and that it has been explained that ID Theft is the largest crime in America. I also understand the LegalShield® monthly membership gives me access to a third party (a Law Firm in my State) to review any parts of all my contracts or insurance policies that I do not understand or have any question related thereto. I understand that according to FACTA, GLB, Red Flag Rules, HIPAA, and other Federal/State statutes, my signature affirms **HOLY LANDS REVEALED's** willingness to have and use Red Flag Rules and to comply with reasonable efforts in protecting my identity and my privacy.

Yes, I like this peace of mind, please advise me how to receive more information on Kroll Identity Theft Shield™ coverage with LegalShield®. (There is NO COST for the information)

No, I have decided NOT to receive information through Holy Lands Revealed on Identity Theft Protection or LegalShield® coverage for me and/or my spouse or my family.

Participant 1 Signature \_\_\_\_\_

Participant 2 Signature \_\_\_\_\_

## HOLY LANDS REVEALED Credit Card Policy

Credit cards can and may be used towards any purchase with HOLY LANDS REVEALED. Visa, MasterCard, Discover and American Express are accepted. Card vendors take merchant processing fees of up to 5% of the amount charged. These fees are not recoverable. In the event of any type of cancellation (by Program Participant or others including **HOLY LANDS REVEALED**), any/all merchant fees incurred due to payment by credit card are non refundable and are the responsibility of the Program Participant. I understand and agree to the terms and conditions of this Credit Card Policy.

American Express  Discover  MasterCard  VISA Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date (mm/yy) \_\_\_\_\_ Security Code \_\_\_\_\_ Amount authorized: \$ \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_