

Explore the Bible & Art in Italy

April 20 - 28, 2015



Led By Dr. Robert Spellman, Ph.D.

Featuring: Venice, Lake Garda, Milan, Florence, Pisa, Verona & Rome

Air & Land Package:

\$3,798 per person

Based on Double Occupancy

LH 0413 20APR EWR-MUC 8:15pm 10:15am
EN 8202 21APR MUC-VCE 11:35am 12:35pm
LH 0231 28APR FCO-FRA 10:10am 12:10pm
LH 0402 28APR FRA-EWR 1:20pm 3:50pm



Special Features:

- ✓ Dr. Spellman's Study/Travel Guide on art from Biblical inspirations
- ✓ Special DVD Orientations on Christian art and Travel Preparation

* *Space is limited to bus capacity; first-come-first-served.*



For Additional Information contact:

Dr. Robert C. Spellman, Ph.D.

1405 Clover Lane

Scotch Plains, NJ 07076

(908) 322-7485



REGISTRATION FORM

YES - I am interested in joining the Trip to Italy

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Costs for Air & Land + Tax:

\$3,798 Per Person Sharing a **Double Room**
\$379 Supplement for a **Single Room**

Deposit of \$250 per person is due by: September 1, 2014
Final Payment is due by: February 20, 2015

- ✓ *Travel insurance is available for purchase for \$266 per person (based on double occupancy).*
- ✓ *Gratuities are \$155 per person.*

TRAVELER INFORMATION

(Please include a copy of your passport)

1) LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
 PASSPORT#: _____ DATE OF ISSUE: _____ EXPIRATION: _____
 COUNTRY OF CITIZENSHIP: _____ DATE OF BIRTH: DD _____ MM _____ YYYY _____
 TRAVEL INSURANCE: YES _____ NO _____ / MEAL REQUEST: VEGETARIAN _____ OTHER _____

2) LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
 PASSPORT#: _____ DATE OF ISSUE: _____ EXPIRATION: _____
 COUNTRY OF CITIZENSHIP: _____ DATE OF BIRTH: DD _____ MM _____ YYYY _____
 TRAVEL INSURANCE: YES _____ NO _____ / MEAL REQUEST: VEGETARIAN _____ OTHER _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ POSTAL CODE: _____
 TELEPHONE #: _____ CELL PHONE: _____ EMAIL: _____
 ROOM TYPE (check one): 1 DOUBLE BED _____ / 2 TWIN BEDS _____ / 3 BEDS _____ / SINGLE ROOM _____
 SPECIAL REQUEST: _____

Signature: _____ Date: _____

1. Please make checks payable to: GOISRAELNA LLC
2. **Form, Check, & Copy of Passport** should be mailed to: 31 Garwood Rd., Fair Lawn, NJ 07410
3. Current airport taxes are subject to change by the airline prior to ticketing
4. Registration cannot be processed without filling out ALL of the above details.
5. Terms & Conditions apply; please visit www.goisraelna.com/terms.htm

** Price is based on a minimum of 30 participants.*