

## REGISTRATION FORM

Please book \_\_\_\_\_ seat(s) on CFHU's *From Cork to Fork Culinary and Wine Mission* beginning on November 2, 2023.

**Deposit is due with registration. You will be invoiced for the balance due 45 days prior to departure.**

### WE REQUIRE:

1. A copy of your passport (information pages only) valid 6 months after tour to be sent in with your registration form.
2. A copy of your flight details as soon as they're available

PASSPORT NAME(S): Please indicate the appropriate title (Mr., Mrs., Miss, Dr., Ms.)

Surname (1) \_\_\_\_\_ First \_\_\_\_\_ Middle(s) \_\_\_\_\_

Surname (2) \_\_\_\_\_ First \_\_\_\_\_

Passport ID (1) \_\_\_\_\_ Expiry (1) \_\_\_\_\_ Expiry (2) \_\_\_\_\_

If applicable, give your commonly used first name(s) as you would like it to appear on your name tag(s): (e.g. "Liz" for "Mary Elizabeth")

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If traveling alone, is a SINGLE ROOM REQUIRED? YES NO

If sharing, what is your bed preference: 2 beds 1 bed

### Additional Nights (a \$75 deposit is required for each additional night)

I would like to reserve \_\_\_\_\_ additional night(s) at Milos Hotel in Athens for the following dates:

I would like to reserve \_\_\_\_\_ additional night(s) at the Dan Hotel Tel Aviv for the following dates:

**SPECIAL REQUIREMENTS:** We find the earlier a request is made, the more success we have in filling it, so please list any dietary requests, allergies, any special physical needs etc. here. We cannot ensure requests made 30 days or less prior to departure will be possible.

### Enclosed is my/our deposit of :

\$750 per person

An additional \$75 pp for each additional night at Milos Hotel and/or the Dan Tel Aviv Hotel

**Total Deposit: \$**

## Payment

Cheque payable to CFHU

E-transfer to [jlouis@cfhu.org](mailto:jlouis@cfhu.org)

Visa

Mastercard

Amex

Amount Paid:

Card Number:

Expiry:

Security Code:

Signature:

**“I/we agree to the terms and conditions attached to the program (as stated on our website [www.fromcorktofork.com/](http://www.fromcorktofork.com/) pricing), indicated any special requests and included payment”.**

**Date**

**(Signature) (s)**

Please forward this completed and signed form, copy of passport and payment to:

Canadian Friends of Hebrew University  
4950 Yonge St. Suite 1202, North York, ON M2N 6K1

or

Email: [adavis@cfhu.org](mailto:adavis@cfhu.org)