



Bell Wholesale Travel, Inc.

"Open Heavens Prophetic Conference"

June 4 to 12, 2008 - Jerusalem, Israel

HOSTED BY SADHU SUNDAR SELVARAJ

Registration Form: Airfare + Conference Only

PLEASE TYPE OR PRINT YOUR NAME AS IT APPEARS ON YOUR PASSPORT

MR. MRS. Ms. LAST NAME: FIRST:

NAME AS YOU WOULD LIKE IT TO APPEAR ON NAME TAG: (SUE, BOB, BILL):

*PASSPORT #: COUNTRY: EXPIRATION DATE: DOB:

MR. MRS. Ms. LAST NAME: FIRST:

NAME AS YOU WOULD LIKE IT TO APPEAR ON NAME TAG: (SUE, BOB, BILL):

*PASSPORT #: COUNTRY: EXPIRATION DATE: DOB:

SPECIAL REQUESTS (FLIGHTS:MEALS,SEATING,MILEAGE # (AMERICAN AIRLINES OR MATMID):

*PLEASE INCLUDE PHOTOCOPY OF PASSPORT I.D. PAGE WITH REGISTRATION FORM. IF APPLYING FOR A NEW PASSPORT, PLEASE ADVISE AND FORWARD COPY UPON RECEIPT.

PHONE-HOME: WORK: FAX:

E-MAIL ADDRESS: CELL:

STREET/MAILING ADDRESS (NOT P.O. Box):

CITY: STATE: ZIP CODE: ROOMING WITH (IF NOT LISTED ABOVE):

\$300 (NON REFUNDABLE) DEPOSIT PER PERSON DUE BY APRIL 22, 2008 PAYABLE TO:

BELL WHOLESALE TRAVEL, INC. 3196 DOOLITTLE DR., NORTHBROOK, IL 60062

Table with 4 columns: DESCRIPTION, RATE PER PERSON, # OF PEOPLE, TOTAL PRICE. Rows include: EARLY BIRD MUST BE PAID IN FULL BY MAY 1, 2008, INCLUDES: ROUND TRIP AIRFARE FROM NEW YORK VIA EL AL ISRAEL AIRLINES JUNE 4 TO JUNE 12, 2008, HOTEL ACCOMMODATIONS JUNE 5 TO 11, 2008, BREAKFAST AND DINNER DAILY, AIRPORT & CONFERENCE TRANSFERS ON DESIGNATED SCHEDULE, HOTEL TAXES. RATE IF PAID AFTER MAY 1, 2008, SINGLE SUPPLEMENT - YOUR OWN PRIVATE ROOM, SUBTOTAL, IF PAYING BY CREDIT CARD ADD 4%, LESS \$300 (NONREFUNDABLE) DEPOSIT PER PERSON, TOTAL DUE BY MAY 1, 2008.

Emergency Contact: The government requires that air carriers be given the full name of all passengers traveling on flights arriving and departing the United States. We must also provide each passenger the opportunity to designate an emergency contact name and phone number of a person not traveling on the flight(s). To enhance Customer service and reduce airport check in times, we request this information at this time.

Contact Name: Relationship: Phone:

Registrant Signature: Date:



3196 DOOLITTLE DR., NORTHBROOK, IL 60062 • FAX (847) 412-0006 TOLL FREE: 800-637-2355 ILLINOIS: 847-412-0007 EMAIL: sales@bwti.com

Basic Terms and Conditions

1. **Change/Cancellation Policy:** From date of deposit receipt to May 1, 2008: \$300.00
From May 1, 2008 to departure day: 100% cancellation fee.
2. Final payment is due no later than May 1, 2008. Reservations received after May 1, 2008 subject to \$200 late charge per person and subject to availability
3. **Your deposits, registration form, insurance record form and final payment checks must be made out and sent to:**
Bell Wholesale Travel, Inc. 3196 Doolittle Dr, Northbrook IL 60062
4. **Travel Insurance is strongly recommended.** If you choose to purchase travel insurance, the enclosed Travel Insurance Application Form must be completed and signed. Or purchase online at www.travelinsured.com ID number 3792 must be included. A separate check or charge must be made out to **Travel Insured International and mailed directly to Travel Insured International along with your completed application form.** Also, you must fill out and sign the enclosed Bell Wholesale Travel, Inc. **"Insurance Record Form"** indicating whether you have accepted insurance or are waiving it. The "Insurance Record Form" must be completed, signed and returned to process your reservation.

Please hold a seat for me.

I am enclosing a deposit of \$ _____ \$300 per person (nonrefundable). I understand that the final payment is due by May 1, 2008. Payments received after May 1, 2008 subject to \$200 late fee per person, subject to availability.

NOT INCLUDED IN TRIP PACKAGE: Transportation between port of origin in the USA and airport of departure. Meals other than breakfast and dinner, after meal beverages, personal expenses, valet service, phone calls, cables, travel and baggage insurance. Passport and visa fees and any other services that are not specifically mentioned as being included

DOCUMENTATION: US Citizens require a valid passport for at least six months from the date of return travel. Citizens of other nations are responsible for their own passport/visa requirements. Legible photocopy of passport must be submitted with registration form or as soon as new passport is received. **AIR TRANSPORTATION:** Airfares are based on advanced purchase and are subject to restrictions and are non-refundable per El Al Israel Airlines.

FULL PAYMENT. Full payment is due May 1, 2008. If final payment is not received by this date, **reservation subject to \$200.00 per person late charge or cancellation due to nonpayment.**

LATE BOOKING: Reservations received after May 1, 2008 are subject to availability and must include late fee.

RESPONSIBILITY: EXCEPT FOR THE WILLFUL NEGLIGENCE OF ITS DIRECT EMPLOYEES, BELL WHOLESALE TRAVEL, INC. SADHU SUNDAR SELVARAJ, JESUS MINISTRIES, LU LUTHRA, TOUCH WORLD MINISTRIES, END-TIME HANDMAIDENS, INC. assume no liability or responsibility for any injuries, inconveniences, illness, irregularity or incidental damages occasioned by circumstances beyond the control of tour operator, or by any person or reason whatsoever, including but not limited to events such as strikes, revolts, wars, natural disasters, closures of airports or hotels, default or omission of any common or private carrier or the default, negligence, or omission of and by any third party providing services or facilities related to or included in this tour or any part thereof, or in arranging for the same, or the acts or omissions of the Tour Host(ess). Enrollment in and payment for the tour, constitutes your acceptance of the Program Conditions and Statement of Responsibility. The program conditions become a binding contract when your enrollment and payment are received and accepted by Touch World Ministries and Bell Wholesale Travel, Inc. doing business Northbrook, IL. Venue for any disputes is Cook County, Illinois. This contract shall be governed by the laws of the state of Illinois. BELL WHOLESALE TRAVEL, INC. is registered with the State of Illinois. BELL WHOLESALE TRAVEL, INC. SADHU SUNDAR SELVARAJ, JESUS MINISTRIES, PASTOR LU LUTHRA, TOUCH WORLD MINISTRIES, END-TIME HANDMAIDENS, INC. act only as agents for the various companies whose accommodations are made available for the trip, and assume no responsibility or liability in connection with the service of any motorcoach, train, vessel, self-driven car, aircraft or other conveyance which is used, either wholly or in part, in the performance of its duty to the passenger. The airlines concerned are not to be held responsible for any act, omission, or event during the time that the passengers are not on board their planes or conveyances. Payments of deposit and final balance on the cost of the travel arrangements described herein, signifies acceptance on the part of the purchaser and/or passenger under the limitations of El Al Israel Airlines or any other I.A.T.A. carrier. Responsibility to the terms and conditions set forth in the jacket the passenger contract (air ticket) issued by the sponsoring carrier and any other I.A.T.A. Carrier and/or their agents in the connection with the land and/or surface travel arrangements in this folder are the purchaser's. In the event that it becomes necessary or advisable for any reason whatsoever, to alter the itinerary or arrangements, such alterations may be made. Additional expenses, if any, shall be borne by the passengers. The right is reserved to withdraw any tour if circumstance demands it. All arrangements for the enclosed accommodations and sightseeing are made by the trip operator and/or its agents.

I accept the above terms and conditions-SIGNATURE _____ DATE: _____

If you wish to pay with Visa, MasterCard or AMEX (with a 4% service charge) complete the information below:

Total from Cover: \$ _____

Plus 4% Surcharge (Total times .04): \$ _____

Total Amount Authorized: \$ _____

I hereby authorize **Bell Wholesale Travel, Inc.** to charge the amount of (spell out below the "Total Amount Authorized" as calculated above):

AMOUNT (FROM ABOVE): _____

Credit Card Company: VISA MasterCard American Express

Credit Card #: _____

Expiration Date: _____ Today's Date: _____

Full Name (as it appears on the card): _____

Address (as it appears on the credit card statement): _____

City: _____ State: _____ Postal Code: _____ Signature of Card Holder: _____