



**Women's Philanthropy
Mission to Argentina
October 23-30, 2019**

REGISTRATION due May 31, 2019

PERSONAL DATA

List first, middle, and last names exactly as they appear on your passport. Passport must be valid for six months past the return date of the mission.

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Home Phone _____

Mobile Phone _____ Business Phone _____

Passport # _____ Country of Issue _____

Issue Date (MM/DD/YYYY) _____ Expiration Date (MM/DD/YYYY) _____

Place of Birth _____ Date of Birth (MM/DD/YYYY) _____

Emergency contact _____

Contact Relationship _____ Phone: Daytime _____ Evening _____

Dietary needs

Vegetarian Vegan Sugar-free Salt-free Gluten-free Kosher

Other _____

Restrictions that could affect full participation _____

Mobility issues, such as difficulty with stairs or distances _____

Allergies (including food) _____

Medications _____

Remarks _____

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RATES

Mission excludes airfare to and from the US. Space is limited and registration forms are accepted on a first-come, first-served basis. Includes all group flights and air transfers within Argentina, two nights in Mendoza, four nights in Buenos Aires, one night in Iguazu Falls in deluxe hotels, all programming, most meals, taxes, and tips.

Double occupancy rate \$4,999* per person

(If applicable) My roommate is _____

Single occupancy rate \$4,999 + \$660 single supplement = \$5,659* per person

\$500 per person deposit guarantees a place on the trip. **\$280 is nonrefundable**, as it is immediately applied to your Argentina domestic airfare deposit. The remaining **\$220 is fully refundable through May 31, 2019.**

Charge \$500 per person deposit to my credit card upon receipt of this form.

My \$500 deposit check per person is enclosed.

Mission balance is **\$4,499 per person** for double occupancy or **\$5,159 per person** for single occupancy. **Payment due in full by July 31, 2019.**

Charge the full balance to my credit card on **July 31.**

Charge 50% of the balance to my credit card on **May 31**, and 50% of the balance on **July 31.**

I will pay the full balance by check by **July 31.**

I will pay 50% of the balance by check by **May 31**, and 50% of the balance by **July 31.**

Please make checks payable to Jewish Federation of Northern New Jersey, with "Women's Philanthropy Mission to Argentina 2019" in the memo line.

If paying by credit card, please complete the information below or call Jane Sherwood at 201-820-3962.

I'd like to help cover credit card processing costs. Add 3.3% to all of my credit card transactions for this Mission.

Card Type _____

Name on Card _____

Card Number _____

Expiration Date _____ CVV number _____

***Please initial below** to indicate that you understand and agree to the following policies:

_____ \$280 is nonrefundable, as it is immediately applied to your Argentina domestic airfare deposit.

_____ \$220 of \$500 deposit is refundable through May 31. Mission balance is refundable through July 31. No refunds can be made after July 31.

_____ Rate is based on minimum of 25 participants; cost will be adjusted for fewer participants.

_____ If Mission is cancelled due to insufficient interest, payment will be fully refunded.

_____ Federation will attempt to find roommates upon request. If we are unsuccessful, participant will pay the single supplement charge.

_____ Women's Philanthropy Mission to Argentina is open to donors who make/have made a \$1,000 per person minimum gift to the 2019 Annual Campaign of the Jewish Federation of Northern New Jersey, **payable through December 31, 2019.**

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AIR TRAVEL

Mission does not include flights between the U.S. and Argentina. You may purchase flights on your own or through Mamalaya Travel (\$75 processing fee per person). Email David@mamalayatravel.com or call 412-417-7417. Please see below for preferred flights.

The mission includes four group flights within Argentina on Aerolineas Argentinas*. If you wish to take alternate flights, it is imperative that you arrive in Buenos Aires by 10 am on October 23 for a 12:25 pm group flight to Mendoza, and depart Buenos Aires no earlier than 8 pm on October 30, following a group flight from Iguazu.

*Maximum checked baggage weight is 23kg/50lbs.

United 979	22 OCT	Newark - Buenos Aires	9:55 PM/9:50 AM (23 OCT)
United 978	30 OCT	Buenos Aires - Newark	8 PM/5:50 AM (31 OCT)

My flights are as follows (please include airline, flight number, date, city, and time):

PHOTO/IMAGE RELEASE

I hereby grant permission, without reservation, to the Jewish Federation of Northern New Jersey ("Jewish Federation") to take and to use photographs and/or sound/image recordings of me, to describe and to use the same for promotion of good will, public education, and/or fundraising and other related activities of Jewish Federation, and I waive any right to inspect or approve the photograph(s) or finished version(s) of works, including web site, incorporating the photograph(s). I release Jewish Federation, its officers, trustees, agents, employees, independent contractors, licensees and assignees (including photographers), from all claims that I may have or might have, for any cause of action arising out of taking and/or use of the photographs and/or any sound/image recordings, and/or description of the same, be it blurring, distortion, alteration, optical illusion, or use of composite form whether intentional or otherwise, that may occur or be produced in taking of photographs, or any processing toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity. I recognize that Jewish Federation owns the copyright (or may apply for copyright) in these photographs and other works and creations, and I hereby waive any claims I may have based on any usage of the photographs or works derived there from in any form, whether it be printed, projected, televised or transmitted via the web, or/and at any time, be it in the present or in the future, including, but not limited to claims for either invasions of privacy or libel. I am of full age and competent to sign this release. I agree that this release shall be binding on legal representatives, my heirs, assigns, and me. I have read this release and I fully understand its contents.

Print Name _____

Signature _____ Date _____

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RELEASE OF LIABILITY FOR DEATH, PERSONAL INJURY AND PROPERTY DAMAGE

I am aware of the risks of travel to, from and within countries worldwide including risks associated with my safety and security. These risks include, but are not limited to, property damage and loss, death and injury by accident, disease, or terrorist act. I am voluntarily participating in the Mission sponsored by the Jewish Federation of Northern New Jersey ("Jewish Federation") with a full understanding of these risks, and I assume and agree to accept those and all other risks to my safety and security during the course of my participation in the Mission.

I have read, or have had the opportunity to read, the current United States Department of State's Argentina International Travel Information found at <https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages/Argentina.html>

I have read, or have had the opportunity to read, the current United States Department of State's Worldwide Caution, <https://travel.state.gov/content/passports/en/alertswarnings/worldwide-caution.html>.

I understand that, in advance of the Mission, I may periodically check the State Department's website, to see if the information has been updated.

I acknowledge and affirm that, notwithstanding any security arrangements that may be made by Jewish Federation, Jewish Federation does not, and cannot, guarantee and is not responsible for the safety of my person or property during the Mission or any Mission-related activities, including, but not limited to, airline travel, ground transportation, meals, lodging, recreational activities or "free time" activities.

In light of the above alerts and circumstances and in consideration of my being permitted to participate in the Mission, I do, for myself, my spouse, heirs, executors, administrators and assigns, release and forever discharge Jewish Federation, as well as its respective subsidiaries, members, affiliates, predecessors, successors and assigns, and all of their respective past, present and future officers, directors, shareholders, members, employees, agents, and contractors, and their respective heirs, executors, administrators and assigns (each singularly, a "Releasee" and, collectively, the "Releasees"), of and from any and every claim against any Releasee or Releasees, arising from or by reason of any bodily injury, personal injuries (including emotional trauma), death, or property damage resulting or alleged to result from any accident, incident, or other episode or cause, whether known or unknown, that may occur during or as a result of my participation in the Mission, whether based upon the negligence of, or breach of contract by, any Releasee or any other party for whose acts or omissions any Releasee or Releasees may be responsible under any applicable legal principle.

This release contains the entire agreement between you and Jewish Federation and supersedes any prior or contemporaneous agreements, understandings, and negotiations regarding the Mission. This release shall be interpreted and enforced in accordance with the laws of the State of New Jersey without regard to its conflict of law rules, and shall be construed as broadly and inclusively as permitted by such laws. If any provision of this release is held invalid by any court of competent jurisdiction, in such event, the balance of this release shall continue in full force and effect and be enforced as if the invalid portion were not contained in this release.

I have carefully read this release, understand its contents and acknowledge that this is a release of liability and such is a binding and fully enforceable contract between me, on one hand, and the Jewish Federation and all Releasees, on the other hand.

Having consulted, or having had the opportunity to consult, my own counsel as to the meaning and legal effect of this release, I have voluntarily signed this release on the date noted below.

Print Name _____

Signature _____ Date _____

INSURANCE

We highly recommend trip cancellation insurance. Below please find travel insurance options recommended by The Jewish Federations of North America:

Travel Guard: www.travelguard.com: 800-826-4919

Travelex Insurance: www.travelexinsurance.com: 800-228-9792

Travel Insurance Services: www.travelinsure.com: 800-937-1387

InsureMy Trip: www.insuremytrip.com: 800-487-4722

**A copy of the signature/photo page of your passport;
100-word biography including where you live, family, job, volunteering, hobbies;
and \$500 deposit per person is required with this application and signed release.**

Mail

Jane Sherwood, Missions Associate
Jewish Federation of Northern New Jersey
50 Eisenhower Drive
Paramus, NJ 07652

Email

JaneS@jfnnj.org

Fax

201-488-1507

Questions? Please contact Jane Sherwood, Missions Associate, at 201-820-3962.