

REGISTRATION
Synagogue Solutions USA Mission to
Cuba – February 2015

PRINT CLEARLY & LEGIBLY

ONE SET OF FORMS PER PERSON – SINGLE SIDED

Name (exactly as it appears on your passport)

√ _____

√Date of Birth: _____ √ Citizenship _____

√Country of Birth _____

√Address (no PO's): _____

√City: _____ √State: _____ √Zip: _____

√Cell phone: _____ √Evening phone: _____

√Email: _____

√Country of residence _____

√Passport # _____

√Passport Expiration date _____

√Mother's Maiden Last Name _____

√ Single occupancy _

√Double occupancy: My roommate is: _____

√**Double Occupancy only:** We prefer one bed () two beds ()

PLEASE ENCLOSE 2 LEGIBLE COPIES OF THE PHOTO PAGE OF YOUR PASSPORT

Please mail all forms, payment & passport copies to:

Harry Silverman
Synagogue Solutions USA
6211 Greenview Terrace
Boca Raton, FL 33433-3809
Phone: 561-961 – 9460
Email: harry@synagoguesolutionsusa.org

Double Occupancy: \$3,495.00

Single Occupancy: \$3,995.00

Deposit: \$600 per person - DUE OCTOBER 1, 2014 METHOD OF PAYMENT:

PAYMENT IS FOR MYSELF AND

My /our check in the amount of \$_____made out to

Synagogue Solutions USA is enclosed.

I/ we have included in the above payment \$_____ as our monetary Tzedakah contribution for the Jewish Communities of Cuba.

IN CASE OF EMERGENCY, CONTACT:

Name_____Relationship_____

Phone: Cell _____ Evening _____

TRAVEL AFFIDAVIT

I understand that, under current United States travel restrictions with respect to Cuba, travel-related transactions are prohibited except for the following categories and that by signing my name at the bottom of this Affidavit, I am declaring that I fall under the category I have checked below.

General Licenses

1. I am a U.S. or foreign government official or a representative of an international organization of which the United States is a member, and I am traveling on official business.
2. I am regularly employed as a journalist by a news reporting organization, or I am regularly employed as supporting broadcast or as a technical person, and I am traveling to Cuba to engage in journalistic activities.
3. I am a full-time professional whose travel transactions are directly related to non-commercial, academic research in my full-time professional area, and my research will comprise a full work schedule in Cuba and have a substantial likelihood of public dissemination.
4. I am a full-time professional whose travel transactions are directly related to attending a professional meeting or conference in Cuba, which is organized by an international professional organization not headquartered in the United States that regularly sponsors meetings or conferences in other countries. The purpose of the meeting or conference is not to promote tourism or other commercial activity involving Cuba or the production of biotechnological products.
- 5 (a). I am traveling to visit a close relative in Cuba, who is (i) a Cuban national, (ii) related to me by blood, marriage, or adoption and (iii) is no more than three generations from me or from a common ancestor, or
- 5 (b). I share a common dwelling as a family with a generally-licensed family traveler in 5(a) above, and I am accompanying the licensed traveler on a family visit.
6. (a) I am visiting a close relative, who is a U.S. Government employee assigned to the U.S. Interests Section in Havana, or
- 6 (b). I share a common dwelling as a family with a generally-licensed family traveler in 6(a) above, and I am accompanying the licensed traveler on a family visit.
- 7 (a). I am regularly employed or duly appointed by a producer or distributor of agricultural commodities, and my travel is incident to commercial marketing, sales negotiation, accompanied delivery, or servicing in Cuba of agricultural commodities that appear consistent with export or reexport licensing policy of the U.S. Department of Commerce ("DOC").
- 7 (b). I am regularly employed or duly appointed by a producer or distributor of medicine or medical devices, and my travel is incident to commercial marketing, sales negotiation, accompanied delivery, or servicing in Cuba of medicine or medical devices that appear consistent with export or reexport licensing policy of DOC.
8. I am regularly employed or duly appointed by a telecommunications service provider, and my travel is for the commercial marketing, sales negotiation, accompanied delivery, or servicing in Cuba of telecommunications-related items that have been authorized for commercial export or reexport to Cuba by DOC.
9. I am regularly employed or duly appointed by a telecommunications service provider, and my travel is for participation in professional meetings for the commercial marketing, sales negotiation, or performance under contracts for the provision of telecommunications services, or the establishment of facilities to provide telecommunications services.
10. I am a faculty member, staff person, or student of an accredited U.S. graduate and undergraduate degree-granting academic institution (the "University"), and my travel is for (a) participation in a structured educational program in Cuba as part of a course offered for credit by the University, (b) non-commercial academic research in Cuba specifically related to Cuba and for the purpose of obtaining a graduate degree, (c) participation in a formal course of study at a Cuban academic institution, which will be accepted for credit toward a graduate or undergraduate degree, (d) teaching at a Cuban academic institution by a person, who is regularly employed in a teaching capacity at the University, when such teaching in Cuba will be no shorter than 10 weeks, or (e) organization of, and preparation for, educational activities authorized in the Regulations.

11. I am a member or staff of or affiliated with a U.S. religious organization and my travel is for participation in a full-time program of religious activities in Cuba.

Specific License

12. I have a specific license from OFAC, which was issued prior to my trip. My OFAC license # is _____

***Name:** _____ ***Date of Birth:** _____

***Phone Number:** _____ ***Address:** _____

I certify that the above information is true and correct. _____

***SIGNATURE:** _____ ***DATE:** _____

DO NOT WRITE BELOW THIS LINE -----

OFAC authorized Travel Service Provider (TSP)

Name (print)

Signature

"RESERVATION FORM"
ABC Charters, Inc.

COMPLETE BOLDED and underlined items - unless traveling under a non USA passport -

PLEASE USE ONE SHEET PER PASSENGER

Outbound FLT:	Date:	Ticket No:	Destination:
Return FLT:	Date:		
Category:	Agency:		

US Passport or US Alien Registration Information:			
<u>Last Name:</u>		<u>First Name:</u>	
<u>Document No:</u>	<u>Expiration Date:</u>	<u>Document Type:</u> Passport	
<u>US Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>

Other Country Passport Information:			
Last Name:		First Name:	
Document No:	Expiration Date:	Country:	
Cuba Address:			
Municipality:		Province:	

<u>Date of Birth:</u>	<u>Mother's Maiden Name:</u>		
<u>Country of Residence:</u>	<u>Citizenship:</u>	<u>Gender:</u>	
OFAC Category:	License No:	OFAC Auth. Code:	

PUBLIC CHARTER

OPERATOR PARTICIPANT CONTRACT

THIS AGREEMENT SETS FORTH THE TERMS AND CONDITIONS UNDER WHICH WE, ABC CHARTERS INC. 1125 SW 87 AVE, MIAMI, FLORIDA 33174, in return for payment of the amount indicated as the total charter price, agree to provide you this charter flight.

RESPONSIBILITY: We, as the principal, are responsible to you for arranging the charter flight, provided however, that in the absence of negligence on our part, we are not responsible for personal injury or property damage caused by the air carrier or other suppliers of any of the services offered in connection with the charter

RESERVATIONS AND PAYMENT: Attached to this Agreement is your Reservation Form. We will confirm the reservation within 7 days after receiving the Reservation Form. If the charter flight is fully booked, we will advise you of alternate travel dates. The ticket will be issued only after the reservation is confirmed, and you must pay the full charter price when the ticket is issued. All checks, money orders, and credit card drafts must be made payable to your travel agent, who in turn must remit payment to **ABC CHARTERS, INC.**

CHARTER PRICE: The charter price of _____ represents your cost for a charter flight that departs from _____ to _____, Cuba on _____ and returns from _____, Cuba to _____ on _____. US Airport taxes are included in the charter price.

AIRCRAFT: This flight will be performed by _____, operating a _____ aircraft with _____ passenger seats. This air carrier reserves the right to substitute equivalent aircraft, if necessary.

BAGGAGE: The air carrier allows each passenger to bring on the flight 44 pounds of baggage. Excess baggage fees for total weight of all bags after the 44lb is \$2 per pound. Check baggage fee of \$20 per bag. We guarantee 2 check-in bags per person of a max weight of 70lbs per bag.

For INTERNATIONAL flights, the air carrier's liability for lost or damaged bags is limited to the actual value of the baggage but not more than the amounts set forth in the Montreal Convention. Specifically, the air carrier's liability is limited to \$1,131 SDR per passenger regardless of the number of checked bags. If, however, **you declare a higher value for baggage and pay an additional charge in advance**, the air carrier's liability will be higher. You must submit your claim for lost or damaged baggage to the air carrier or to us within 3 days of the charter flight. Your claim must include a copy of the Baggage Check.

SECURITY AGREEMENT: Your payment is protected by two financial security agreements that we have obtained from (1) Intercontinental Bank of Miami, 5722 SW 8 St. Miami, FL 33144 and (2) Valley National Bank, 1460 Valley Road, Wayne, NJ 07470. Unless you file a claim with us, or, if we are not available, with the Securer within 60 days after the completion of the charter, the Securer will be released from all liability to you under the security agreement.

The rights and remedies made available under this contract are in addition to any other rights or remedies available under applicable law. However, we offer refunds under this contract with the express understanding that the receipt of the refund by you waives any additional remedies.

INTERNATIONAL FLIGHTS: The operation of the charter flight is subject to the Cuban government granting landing rights. If the air carrier cannot obtain landing rights, the flight will be cancelled, and a full refund will be made to you automatically.

I have read and agree to the terms and conditions of the Operator-Participant Contract. I have signed up for the flight specified above and on the Reservation Form.



Signature of Applicant: _____

Date: _____

Tel#: _____

Terms and Conditions

No Liability: World Passage, Ltd (WP) and SYNAGOGUE SOLUTIONS USA (SSUSA) operate these programs independent of the hotels, airlines and other entities that are used on the programs. Tour services provided in connection with the program including without limitation transportation, lodging, and sightseeing are provided by the carrier, hoteliers, and other suppliers that are independent contractors and not agents for, employees, partners, or joint venture participants of WP or SSUSA. WP and SSUSA are not responsible for acts or omissions of such independent contractors. I agree that WP and SSUSA **have no liability or responsibility** for injury, delay, irregularity, loss, damage, injury or death to person or property, additional costs, losses or injuries resulting directly or indirectly from acts of nature, detention, weather, government, political forces, terrorism, crime, failure of any means of transportation to comply with schedules, accommodations, food, travel, day-to-day trip activities, quarantines, strikes, trade embargoes, discrepancies, or changes in transit or living accommodations, or accidents of any kind, whether such loss arises out of or are incident to the program or otherwise. WP and SSUSA are not liable for injury, death, damage, loss, accident, delay, irregularity in connection with the service of any automobile, motor coach, airplane, launch or any other conveyance used in carrying out this program or for the acts or defaults of any company or person engaged in conveying the passenger or in carrying out the arrangements of the program.

I release and agree to indemnify, defend and hold harmless, WP and SSUSA and its respective officers, trustees, members, employees, agents, contractors, agents, heirs and assigns, from or regarding any and all claims, demands, rights, and causes of action of whatsoever kind and nature, by the undersigned or any other person, arising from or by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, damage to property, financial damages, penalties, levies, fines assessments, duties, and/or attorney's fees and the consequences thereof, or any loss whatsoever, resulting, arising from or related to the undersigned's anticipated or actual participation and travel to, within and from Cuba.

I understand the WP and SSUSA reserve the right to decline to accept or retain any person as a member of this tour. The right is reserved to substitute hotels specified for others of similar category. The right is reserved to make adjustments in the itinerary. Speakers may be substituted or cancelled based on availability. No refund will be made for any unused portion of the tour unless arrangements are made prior to departure. WP and SSUSA will not be held responsible for any loss or damage to luggage and/or personal property during the tour program.

TRIP CANCELLATION INSURANCE AND INTERRUPTION INSURANCE IS STRONGLY RECOMMENDED. Please note: the itinerary is subject to change without notice. Trip cost as detailed in the trip brochure is from Miami, Florida. Cost is based on prices quoted to us as of April 2014. Any increases in those costs will by necessity be passed on to participants at which time you may then choose to cancel participation in the mission and a full refund will be given. This option is available for 2 days from

notice. WP and SSUSA are not responsible for any expenses or losses incurred resulting from the buyer's cancellation of this trip. WP and SSUSA are not responsible for any losses that would be covered by the purchase of travel insurance that has been offered, including trip cancellation, evacuation, travel accident, limited sickness, expenses incurred by delays, baggage loss and illness.

MINIMUM GROUP SIZE: Minimum group size is 20 full pay travelers. If this number is not met, the trip may cancel and you will receive a full refund.

Air schedules between USA and Cuba are subject to change. WP and SSUSA are not responsible for costs incurred due to any changes in flight time.

Registration forms and 2 legible copies of your passport with a \$600.00 per person deposit are due by the end of the day October 1, 2014. Your deposit is fully refundable if you cancel in writing prior to October 1, 2014. Your deposit is not refundable after that date. The balance is due by close of business January 8, 2015. Your balance payment is refundable if you cancel prior to January 8, 2015. None of your payment is refundable after January 8, 2015.

NOTE: your cancellation must be in writing and received by the by the close of business on the relevant cancellation dates above.

I have read, understand, accept and agree with these. I have read about the Cuban Insurance coverage detailed in the mission materials.

Print Name _____

Signature _____

Date _____