

REGISTRATION
Mission to Cuba – February 2014
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: \$3,350.00; Single Supplement: \$300.00
(If payment of both the deposit and balance paid by check)

Double Occupancy: \$3,450.00; Single Supplement: \$300.00
(Visa/MC/Amex)

Deposit: \$500 per person - DUE OCTOBER 1, 2013

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 wish to pay the amount of \$_____ by credit card.

Credit Card (circle one - MC/Visa/Amex): _____ - _____ -

_____ - _____

Name as it appears on card _____

3 digit security code on back of card _____

Expiration date: ____ / ____

Signature _____

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 _____

Terms and Conditions

Please note: the itinerary is subject to change without notice. Hotel may be substituted for one of equal quality. Some sites may be visited on days other than those indicated. Speakers may be substituted based on availability. Participation is determined by date of receipt of deposit and registration forms. Deadlines and Refunds are as indicated in the informational materials which I have read.

TRIP CANCELLATION INSURANCE AND INTERRUPTION INSURANCE IS STRONGLY RECOMMENDED.

World Passage Ltd. (WP), Synagogue Solutions USA (SSU), Temple Sinai (TS) will not be held responsible for any expenses or losses incurred resulting from the buyer's cancellation of this trip. WP, and SSU, TS will not be held 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 25 full pay participants. If this number is not met, the mission may be cancelled – all monies will be refunded.

RESPONSIBILITY: WP, Ltd, SSU, TS and/or its agents act only in the capacity of agent for carriers, hotels, bus operators, and other suppliers of services and shall not be held responsible for any injury or for any loss or damage caused by accidents or events beyond their control, or by any action or negligence of attendants or third parties who are not in their employ and on their payroll. WP, SSU, TS, tour operator and/or its agents can accept no responsibility for losses or additional expenses due to delay or changes in air, sea or other services, sickness, weather, strike, war, quarantine, or other causes. All such losses will be borne by the passenger, as tour rates provide for arrangements only for the time stated. The right is reserved to substitute hotels specified for others of similar category. Prices are based upon current tariffs, and are subject to adjustment in the event of change. The right is reserved to decline to accept or retain any person as a member of the tour. No refund will be made for any unused portion of the tour unless arrangements are made prior to departure. WP, SSU, and/or TS will not be held responsible for any loss or damage to luggage and/or personal property during the tour program. Your registration, and/or acceptance of final documents, vouchers, or tickets shall be deemed to be consent to all the terms and conditions herein. WP, SSU, & TS are not responsible to any passenger and/or heirs, family members, for any injuries, losses and/or death sustained by any passenger. Air schedules are subject to change and airfares are quoted as of May 2014 and are subject to increase without notice.

I have read and accept the Terms and Conditions of this agreement. Additionally, I understand that the purchase of Trip Cancellation Insurance is strongly recommended, and that refunds are subject to the deadlines stated in the informational materials. I have read the terms of the Cuban insurance offered.

Name (please print) _____

Signature _____

"RESERVATION FORM"
ABC Charters, Inc.

(ABC needs ORIGINAL of this form prior to departure date) PLEASE USE ONE SHEET PER PASSENGER

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

US Passport or US Alien Registration Information:

● Last Name: _____ ● First Name: _____
 ● Document No: _____ ● Expiration Date: _____ ● Document Type: **PP**
 ● US Address: _____ ● City: _____ ● State: _____ ● Zip: _____

Other Country Passport Information:

Last Name: _____ First Name: _____
 Document No: _____ Expiration Date: _____ Country: _____
 Cuba Address: _____ Municipality: _____ Province: _____

● Date of Birth: _____ ● Mother's Maiden Name: _____
 ● Country of Residence: _____ ● Citizenship: _____ ● Gender: _____
 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. Charges for excess baggage fees for total weight of bags exceeding this weight will be collected at the airport. 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, 6722 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.

We have no right to cancel the charter less than 10 days before departure except in circumstances that make it physically impossible to perform the charter trip. If this occurs, we will notify you as soon as possible but no later than the scheduled departure date. If the charter is cancelled, we will make a full refund to you within 14 days after cancellation.

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#: _____

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 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 -----

Witnessed by OFAC authorized Travel Service Provider (TSP)
Name (print) _____ Signature _____