

Application for Heritage Seminar 5771-2011

NAME _____(PASSPORT LEGAL NAME ONLY)

DATE OF BIRTH _____PASSPORT NUMBER _____

CELL NUMBER IN ISRAEL _____CELL NUMBER IN USA _____

PARTICIPANT'S E-MAIL _____

HOME ADDRESS _____

HOME TELEPHONE _____

MEDICAL INFORMATION (allergies or current condition)

FAMILY ROOTS IN POLAND (City, Township, Shtetl etc)

ROOMMATE PREFERENCE

Special dietary needs (vegetarian, diabetic, allergies to nuts etc.)

Heritage Seminars is not responsible for lost or stolen personal property.

Heritage Seminars reserves the right to cancel participation in Heritage Seminar for reasons of security needs, or medically related problems.

Heritage Seminars reserves the right to cancel, alter or change any aspect of the seminar without prior notification to the registrant. This includes the quoted fees to participant in the event that air and/or land fee changes precipitate such a change.

Heritage Seminars deposit fees are non-refundable.

Heritage Seminars will not refund any fees one month prior to Departure

ALL FEES PAYABLE VIA CHECK OR CREDIT CARD

Registration for Heritage will be confirmed only after all payments have been completed and checks cleared.

(Check One only) Prague Option _____

Signature of participant _____

Date _____



**MORESHET
HERITAGE
SEMINARS**

Hebrew University, Mt. Scopus, Jerusalem

Tel: 972-2-582-0231 / heritagemjb@013.net

We are pleased that you have decided to register for **Heritage Seminars**. Coordinating Heritage Seminars requires complex advanced logistical preparations, contractual agreements, and pre-seminar expenditures. **Contractual agreements with our agents state that registration deposits are not refundable, and that no refunds of balances are awarded to Heritage 1 month prior to the program date.** In lieu of the complex pre-seminar expenditures, Heritage Seminars insists upon the registration regulations listed below. We ask that you review them, and affix your signature in agreement of the legally binding terms by which you are enrolling in Heritage.

1. It is understood and agreed that the \$300 deposit to be forwarded with the Heritage application is non-refundable. It is understood and agreed that cancellation of the registrant's participation in the seminar less than one month prior to departure date for medical, fiscal, or other reasons- will result in a loss of all fees rendered to Heritage Seminars- with no financial reimbursements forwarded to the student.
2. It is understood and agreed that Heritage Seminars may cancel a registrant's participation in the seminar for reasons of medical, or security issues. Said participant will be required to return to his/her point of origin at his/her expense and with no refund of fees.
3. It is understood and agreed that Heritage Seminars may administer medical attention as necessary via the authorized medical personnel designated by Heritage Seminars.
4. It is understood and agreed that Heritage Seminars is authorized to change or alter all aspects of the program as necessary in order to guarantee the safety and welfare of the individual participant and the group.

In understanding, agreement and compliance, I affix my signature.

Participant: _____

Please attach this form to your final registration fees. We advise that you apply to your respective insurance carriers for cancellation insurance if this issue is a primary concern in registering for Heritage.