

0118 Father Panagiotis Boznos - Saints Peter & Paul Parish
Jan 13 - Jan 22, 2018



Saturday, January 13

Depart O'Hare Airport on our way to Tel Aviv, Israel

Sunday, January 14

Welcome Home! Arrive at Tel Aviv's airport where our representative greets us and gives us an introduction about the forthcoming program. Proceed to our hotel along the shore of the Mediterranean, for dinner and overnight stay

Monday, January 15

Drive along the Coast to visit Caesarea where St. Paul was imprisoned and Cornelius baptized - see the Roman Byzantine theater and other remains: the aqueduct and the Crusader ruins. Continue to Mt. Carmel where Elijah confronted the Pagan Gods of Baal (1st Kings 18). On to Mt. Tabor - site of Transfiguration. Continue to Cana of Galilee - site of first miracle. End the day in Nazareth - visit the Greek Orthodox Church of the Annunciation, where Archangel Gabriel appeared to Mary and view the house of the Virgin. Dinner and overnight in Galilee.

Tuesday, January 16

Today we tour the Sea of Galilee. Visit Capernaum and Simon Peter's House, the Mount of the Beatitudes and Tabgha - the site of the Feeding of the Multitudes. We then take a boat ride across the Sea of Galilee and enjoy a St. Peter's fish lunch in Tiberias. Visit the Monastery of the Apostles in Tiberias and the recently discovered Magdala. Back to our hotel in Galilee for dinner and overnight stay.

Wednesday, January 17

Depart the Galilee en route to Jerusalem. Drive via the Jordan Valley to the Judean Desert to St. Gerassimos - site of the Holy family's visit on the Flight to Egypt. Visit Qumran (site of the Dead Sea Scrolls), experience floating in the Dead Sea. Visit Jericho: Monastery on top of The Mount of Temptation, Zacheus's Tree, Elisha's Spring. View St. George's Monastery. Ascend to the Holy City for dinner and overnight stay.

Thursday, January 18

Visit Bethlehem to worship at the ancient Greek Orthodox Church of the Nativity, Manger Square and Shepherds' Fields. Ascend the Mount of Olives: Church of the Ascension, walk Palm Sunday Road - Russian Church of Mary Magdalene, the Garden of Gethsemane, Tomb of Mary and Church of St. Stephen. Dinner and overnight stay in Jerusalem.

Friday, January 19

Feast Day of Epiphany - participate in Holy Liturgy at the church of the Anastasis. Continue our pilgrimage to visit the Monastery of the Cross, Mt Zion: the Room of the Last Supper, and the Tomb of David. Dinner and overnight stay in Jerusalem.

Saturday, January 20

Walk into the Old City of Jerusalem. Experience the various quarter. Visit Prison of Christ, St Anna, Afternoon visit to Jacobs Well, Samaria. Dinner and overnight stay in Jerusalem.

Sunday, January 21

Visit Lydda -Monastery of St George. Continue to Jaffa to the Monastery of St Michael the Archangel and the house of Simon the Tanner - where St Peter revived Tabitha and had the vision on the rooftop. Walk along the streets of ancient Jaffa- today an artist colony. Back to our hotel for farewell dinner and overnight stay.

Monday, January 22

Morning transfer to the airport for our flight back home. same day arrival to ORD Airport.

REGISTER BY FILLING OUT YOUR DETAILS BELOW (separate form per participant)

Package price per person in twin room/by check payment: *\$2,530 plus airlines departure taxes and fuel surcharge (\$467 as of April 2017. Subject to change)

Single Room Supplement additional by check payment: \$720

* All credit card charges are subject to 4% surcharge.

* Package price is based on minimum number of participants.

* Full and final payment due by November 21, 2017.

* Last day to purchase travel protection by final payment due.

Passport Validity: It is your responsibility to make sure that your passport be valid at least 6 months after completion of your travel. For non USA passport holders; please check with us if an entry visa is required.

Name as printed on passport:

Surname:_____First name:_____Middle name:_____

Date of Birth: (month/date/year)_____Gender: _____

Passport #_____Nationality_____Expiration Date: (M/D/Y): _____

Street Address:_____City:_____

State:_____ZIP:_____Email Address:_____

Home Phone #_____Cell Phone #_____

Preferred Name on Name Badge:_____

Frequent Flyer Mileage # (if any) _____

In Case of Emergency:

Name of contact person: _____ Email: _____ Telephone # _____

Please check applicable box below.

☐ I would like to request for a single room supplement.

☐ Please find me a roommate (based on availability).

☐ I have a roommate: his/her name is: _____

☐ I have medical concerns (please describe: medication, portable medical equipment, etc.) _____

☐ I need a wheelchair at the airport/s (if you need wheelchair during the tour please check with Ami Travel before signing up for the trip.

AMI TRAVEL CANCELLATION AND REFUND POLICY

Notification of cancellation must be submitted in writing (via email, fax or registered mail). Please make sure that your notice of cancellation is received at Ami Travel's office.

Cancellation Fee Per Person:

From sign up day to 10 days after: \$75

Up to 75 days prior to departure: \$350

Cancellation between 74-66 days prior departure: \$1000

Cancellation between 65-31 days prior departure \$2000 plus penalties imposed by the airlines or suppliers (if any)

Less than 30 days prior to departure: NO REFUND

Travel insurance

protection is highly recommended. For complete information and enrollment; see below.

☐ Yes, I have read and I agree to the cancellation policy of Ami Travel.

☐ Enclosed is my trip deposit of \$350 per person.

☐ Please charge my trip deposit of \$350 to my credit card (surcharge 4%).

RESPONSIBILITY: AMI Travel-USA, Inc. and its representatives act only as agents for the tour members in making arrangements for hotels, transportation, restaurants, sightseeing or any other services in connection with the itinerary. AMI Travel assumes no liability whatsoever for any injury, damage, loss, accident, irregularity or delay to person or property for any reason including, but not limited to, acts of war or terrorism, any act or default of any hotel, carrier, restaurant or any other company or person rendering any of the services included in the tours. The tickets, coupons, tariffs, rules or contracts currently in use by any carrier, hotel, restaurant or other contractor rendering services shall constitute the sole contract between such contractor and the tour member. AMI Travel accepts no responsibility for any damage or delay for any reason, including, but not limited to, sickness, pilferage, labor disputes, machinery breakdown, quarantine, government restraints, weather or any other cause. No carrier shall be responsible for any act, omission or events while passengers are not on board its own conveyance. The right is reserved to cancel or change itineraries or substitute services without notice and to decline to accept or retain any passenger at any time. In view of statutory or contractual limitations that may apply to personal injury or property damage or loss, we strongly recommend the purchase of accident and baggage insurance.

By signing below, I affirm that all the information I have provided on this application is accurate.

In addition, I affirm that I have read and agree to the terms and conditions included with this tour package.

Sign here: _____ Date: _____

All checks must be made payable to AMI Travel, Inc. and mailed to: AMi Travel, 5803 N. Cicero, Ave., Chicago, IL 60646. Attn: Lebbie Chung. For credit card payment please fill out Credit Card Authorization Form below.

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CREDIT CARD AUTHORIZATION FORM

Please complete and sign the following form and mail to: AMI Travel at 5803 N. Cicero Ave., Chicago, IL 60646. Attn.: Lebbie Chung.

Name of Cardholder (as it appears on the credit card): _____

Statement Billing Address (if different on the registration form): _____

Type of cards accepted; please mark applicable box: () Visa () Master Card () Amex () Discover

Credit Card # _____ Expiration Date (mm/year): _____

Check applicable box/es:

() Trip deposit per person: \$350 plus 4% service charge \$ _____

() Yes, I would like to enroll for CHOICE Travel Protection Plan for: \$ _____ plus 4% \$ _____

() Total amount authorized: \$ _____ to charge now.

() I authorize AMI to charge my final balance by _____ on the same credit card.

() This charge is to be applied towards the following travelers: Name(s) exactly as printed on passport(s):

() I understand and agree the 4% surcharge on all credit card charges.

I hereby authorize AMI Travel, Inc. and/or its suppliers to charge the above credit card for the listed amount.

Signature: _____ Date: _____

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Optional Travel Protection (recommended)

Travelex 360° Group CHOICE Plan / Group Code = TGAC-0816

In order to waive the Pre-existing Medical Condition Exclusion you must purchase with or before final payment for your covered trip and be medically fit to travel at the time of purchase.

This plan provides insurance coverage for your trip that applies only during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverage. You may wish to compare the terms of this policy with your existing life, health, home and automobile policies. If you have any questions about your current coverage, call your insurer, insurance agent or broker. The purchase of this plan is not required in order to purchase any other travel product or service offered to you by your travel retailer". Please review the Description of Coverage for policy details, which includes certain terms, conditions, limitations, and exclusions. The protection plan is underwritten by Stonebridge Casualty Insurance Company a Transamerica company, Columbus, Ohio; NAIC #10952.

Travel insurance premium per person:

For trip cost \$3,001-\$4,000: \$248. For trip cost \$4,001-\$5,000: \$313

For more coverage details, visit: <http://bit.ly/amitravelinsurance>

PROTECTION PLAN ENROLLMENT

Please complete and sign the following form and mail to: AMI Travel, attn. Lebbie Chung. 5803 N. Cicero Ave. Chicago, IL 60646

() YES, please add travel protection. I have read and agree to the terms, conditions, limitations and exclusions found in the Description of Coverage. Enclosed is my check in the amount of \$_____ for my insurance enrollment.

() YES, please add travel protection. I have read and agree to the terms, conditions, limitations and exclusions found in the Description of Coverage. I authorized AMI Travel to charge my credit card in the amount of \$_____ (include 4%) for my insurance enrollment.

() No, I do not wish to purchase travel protection. I have been advised that a travel protection plan is available and recommended.

Name/s of insured/s: _____

Signature: _____ Date: _____

Ami Travel : 5803 N. Cicero Ave., Chicago, IL 60646

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