



**SHURAT HADIN**  
ISRAEL LAW CENTER

**Shurat HaDin Bearing Witness Mission  
Seventh October Gaza War  
February 26th - March 3rd, 2024**

**Registration Form**

**Kindly type or print and send to:**

Shurat HaDin – Israel Law Center  
3, Metsada Street, Beni Barak 5126237  
Tel: 972-3-7514175, Fax: 972-3-7514174  
Email: [or@israelawcenter.org](mailto:or@israelawcenter.org)  
[www.israelawcenter.org](http://www.israelawcenter.org)

**Coordinated with:**

Isram Travel  
Ms. Margalit Gordon  
Tel: 972-3-6947777  
[margalit@isram.co.il](mailto:margalit@isram.co.il)  
[www.isram.co.il](http://www.isram.co.il)

**Participants Information**

**Number of participants attending:** \_\_\_\_\_

**Participant 1:**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Age \_\_\_\_\_ Profession: \_\_\_\_\_ Firm: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Tel (w): \_\_\_\_\_ Tel (h): \_\_\_\_\_ Tel (c): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

**Participant 2:**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Age \_\_\_\_\_ Profession: \_\_\_\_\_ Firm: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Tel (w): \_\_\_\_\_ Tel (h): \_\_\_\_\_ Tel (c): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

## Flights

Cost of the mission does not include flights. You may book your flights independently or call 1-800-ELITE-20(800-354-8320) ext 108 for Debbie Erwin or email: [debbie@elite-tours.com](mailto:debbie@elite-tours.com)

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## Hotel Accommodation

*4 nights at the David Intercontinental Hotel Tel Aviv, 2 nights David Citadel Jerusalem*

Please reserve \_\_\_\_\_ double/single rooms (mark your choice).  
No. of rooms

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## Rates

*Land package (not including flights)*

\$ 3620 per person sharing a double room x \_\_\_\_\_ = \$ \_\_\_\_\_  
No. of persons

\$ 1070 single room supplement x \_\_\_\_\_ = \$ \_\_\_\_\_  
No. of rooms

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## Additional nights at the David Intercontinental, Tel Aviv (before the mission)

\$ 380 double room on B/B basis x \_\_\_\_\_ = \$ \_\_\_\_\_  
Dates & no. of nights

\$ 365 single room on B/B basis x \_\_\_\_\_ = \$ \_\_\_\_\_  
Dates & no. of nights

## Additional nights at the David Citadel, Jerusalem (after the mission)

\$ 400 double room on B/B basis x \_\_\_\_\_ = \$ \_\_\_\_\_  
Dates & no. of nights

\$ 385 single room on B/B basis x \_\_\_\_\_ = \$ \_\_\_\_\_  
Dates & no. of nights

**Total** = \$ \_\_\_\_\_

## Mandatory Donation

**A mandatory donation of \$1,000 - \$6,000 per person is required.** Donations are needed to assist in the funding of the terror victim litigation against the Palestinian terrorist organizations, their leaders and financial patrons. The donations will permit the survivors of the hundreds of killed and injured to seek justice and compensation through the court systems around the world. All donations in the US and Canada are tax-deductible.

Tax-Deductible donation of \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
No. of persons

*Donations will be collected via credit card upon registration.*

*Tax receipt will be issued for donation, in USD, CAD, AUD and Pounds*

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## Payments

*Reservations are not accepted without a deposit*

Please charge my credit card the amount \$ **750** deposit per person,

Type: Visa/Mastercard/American Express/Diners (indicate which) \_\_\_\_\_

Card number \_\_\_\_\_ expiry date \_\_\_\_\_

CVV code \_\_\_\_\_ Card holder full name \_\_\_\_\_

amount \_\_\_\_\_ Date \_\_\_\_\_ signature \_\_\_\_\_

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*Payment by Bank transfer is possible - please aske us for our bank details*

*Deposit is fully refundable for cancellations up to 1 February 2024 .  
Full payment will be collected from your credit card after 1 February 2024  
Cancellations after 10 Feb. will be refunded in full less deposit  
Cancellations after Feb. 15, -Partial refund, at the discesion of the Israeli suppliers*