

## JEWISH RENEWAL

### Led by Rabbi Haim Beliak

Trip to Poland  
October 24 – November 5, 2023

### RESERVATION FORM

Please complete and return to Crown International, no later than August 31, 2023, to: [lucila.salvatierra@altour.com](mailto:lucila.salvatierra@altour.com)

_____	_____	_____
<i>Last name</i>	<i>First name /Middle Name (if any)</i>	<i>Mr./Mrs./Miss/Ms.</i>
_____	_____	_____
<i>Last name</i>	<i>First name /Middle Name (if any)</i>	<i>Mr./Mrs./Miss/Ms.</i>

Email: \_\_\_\_\_

#### COST

##### Land and Hotel Accommodations:

- **\$3,671.00 per person (based on double occupancy).**
- **Single room occupancy: \$4,043.00.**

*Land arrangements include hotel accommodations, ground transportation, guides, entrance fees, internal flight from Wroclaw to Gdansk, meals as listed on itinerary.*

#### HOTEL ACCOMMODATIONS

- Please reserve my/our room for arrival in Warsaw, Poland on \_\_\_\_\_
  - October 24 – 4 nights: Mercure Warsaw Centrum Hotel
  - October 28 – 1 night: Grand Hotel Lublin
  - October 29 – 3 nights: Golden Tulip Kraków Kazimierz
  - November 1 – 2 nights: Mercure Centrum Wroclaw
  - November 3 – 2 nights: Mercure Centrum Gdansk

#### AIR TRANSPORTATION

*To Warsaw / From Gdansk - Poland*

I/We would like Crown International., to make my/our air transportation arrangements

I/We will make my/our own air transportation arrangements

Please provide a clear copy of travelers' passport.

#### INSURANCE

***Trip cancellation insurance is strongly recommended. Please use link below for detailed information.***

[Travel Guard](#)

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### PAYMENTS

*Total Payment is required at the time of registration and no later than **August 31, 2023**.*

- I/We would like to make payments by credit card

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

**Note: Credit card payments will incur a 4% processing fee.**

- I/We would like to make payments by check

Please make check payable to: Crown International  
10635 Santa Monica Blvd. Suite 200  
Los Angeles, CA 90025

### NOTES

*(Dietary restrictions, allergies, medical conditions, etc.) - Please provide a clear copy of travelers' passport.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*Your menus will be different from those of other guests***

Signature/s \_\_\_\_\_ Date \_\_\_\_\_