

Dear Friend,

Our "Discovery Tour 2008" is scheduled for June 9-19. You will enjoy the same itinerary as the Deluxe Tour itinerary shown in this brochure, with the additional adventure of digging at an active archaeological site.

Our hotels for this summer tour are centrally located in Tiberias and Jerusalem, giving ease of access for evening walks in town. You'll enjoy "mixing" with the locals as you experience Israel, first-hand.

Our group departure is from John F. Kennedy Airport in New York, and we will travel to Israel on ELAL Israel Airlines. The price, including airfare from New York is \$2,999.00 plus the small add-on fares from your hometown, a tipping fund, a fuel surcharge and airport taxes. You will see the total on the enclosed registration form.

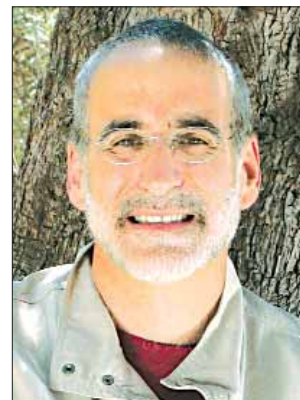
Sandra Levitt and I will lead the tour where we will experience many inspirational moments in the Holy Land. The Bible will be your real guide, as you experience so many places where the biblical narrative took place.

This is a wonderful opportunity for teachers, students, families and friends to come together in the land of the Bible, and walk where Jesus walked and taught. Sandra and I invite you to join us in "seeing Israel through Jewish eyes."

Shalom,



Jeffrey Seif



ZOLA'S 2008 DISCOVERY TOUR • REGISTRATION FORM

NAME (as it appears on your passport) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____ EMAIL _____

PASSPORT INFORMATION: Please send a copy of your Passport Photo page.

I do not have my passport but have applied for it. () Yes Citizen of _____

SMOKER: () Yes SNORER: () Yes Sex: () M () F Roommate's name (if known) _____

If individuals other than your roommate are traveling with you, please indicate their name(s): _____

I prefer Single Accommodations for an additional cost of: \$499 () Yes () No

Have you been on a Zola Levitt Tour previously? () Yes () No When? _____

I would like my name tag to read: _____ My occupation is: _____

I AGREE TO THE TOUR'S TERMS AND CONDITIONS (PLEASE SIGN): _____

(Please be specific; we may need to be of assistance to you.)

MEDICAL HISTORY: Special Conditions: _____

Disabilities: _____

Important medications: _____

PHYSICIAN'S NAME AND PHONE NUMBER _____ () _____

Tour Cost from JFK New York	\$2,999
Airport Taxes/Fuel Surcharge	250
All-Inclusive Tipping Fund	89
Total	3,338
Less Deposit	-200

Final balance due 60 days prior to departure 3,138

Reservations received within 60 days of departure will be taken on a space-available basis, and full payment is due at time of registration.



Make check payable to: Travel Experience International, Inc. • 10300 N. Central, Suite 170 • Dallas, TX 75231 • Phone: 214-696-9760 • Fax: 214-696-5885 For overnight mail, please use our street address above and include our phone number.

In case of emergency please notify: Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Please charge \$ _____ deposit to: Card # _____ - _____ - _____

Expires ____/____ Card ID# required _____
Cardholder's Signature _____

You may charge your deposit on your credit card. However, if you pay in full with your credit card, there will be a 2% additional charge, and you will be required to purchase trip cancellation insurance. By completing this form, I agree that Travel Experience International, Inc. is not responsible or liable for loss, damage, theft of luggage or personal belongings, personal injury, accidents or illness.