



# University of the Holy Land

*The Center for the Study of Early Christianity*

## REGISTRATION FOR 2012 SHORT-TERM PROGRAMS

| <i>Please indicate the program(s) you would like to attend:</i> |  |                          |                                    |
|---|--|--------------------------|------------------------------------|
| <input type="checkbox"/>  | Historical Geography: Israel, May 21-June 10, cost: \$3,150.00 | <input type="checkbox"/> | Single room supplement: \$1,065.00 |
| <input type="checkbox"/>  | Historical Geography: Israel, June 11-July 1, cost: \$3,150.00 | <input type="checkbox"/> | Single room supplement: \$1,065.00 |
| <input type="checkbox"/>  | Historical Geography: Jordan, July 2-16, cost: \$2,200.00      | <input type="checkbox"/> | Single room supplement: \$376.00   |
| <input type="checkbox"/>  | Qumran Scholars Workshop, June 11-July 1, cost: \$2,900.00     | <input type="checkbox"/> | Single room supplement: \$1,175.00 |

| I. Legal Name: | Title                  | Family Name     | First Name       | Middle Initial |
|----------------|------------------------|-----------------|------------------|----------------|
|                | <i>Also known as :</i> |                 |                  |                |
|                |                        | Nickname        | Former Last Name | Marital Status |
|                | Country of Citizenship | Passport Number | Date of Birth    | Place of Birth |
|                |                        |                 |                  |                |
|                | Passport Issue Date    | Place of Issue  | Expiration Date  |                |

| II. Address: | Street Number | Street Name | City      | State/Province |
|--------------|---------------|-------------|-----------|----------------|
|              |               |             |           |                |
|              | Country       | Post Code   | Telephone |                |
|              | E-mail 1:     |             | E-mail 2: |                |

| III. Emergency Information: | <i>Travel insurance is mandatory.</i> |                              |
|-----------------------------|---------------------------------------|------------------------------|
|                             | Insurance Provider                    | Type of Coverage             |
|                             | Emergency Contact, Relationship       | Contact Telephone and E-mail |

Please see *Terms of Payment* for payment instructions.

**Deposit:**  A non-refundable deposit of \$100 per program (to be deducted from the full cost of the program) accompanies this form.

*The University of the Holy Land accepts no responsibility for injury or loss or additional expenses due to delays or changes in flights or services, sickness, war, strikes, or other causes beyond our control. In these cases, a participant's travel insurance policy should cover refund of payment.*

*UHL reserves the right to cancel the 2012 Study Programs, in which case all deposits will be returned.*

**OFFICE ADDRESS**  
1104 HaRozmarin Street  
Jerusalem 93758 ISRAEL  
Tel. +972 2 645 3570  
Fax +972 2 645 3621

**MAILING ADDRESS**  
POB 24084, Mt. Scopus  
Jerusalem 91240 ISRAEL

**WEB ADDRESS**  
www.uhl.ac  
administration@uhl.ac

**USA ADDRESS**  
2856 Cicero Way  
San Jose, CA 95148  
Tel. 1 408 556 9911  
Fax 1 877 822 6418



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*The Center for the Study of Early Christianity*

## SUMMER 2012 SHORT-TERM PROGRAMS

### TERMS OF PAYMENT

**Participant Deposit:** Please send a deposit of \$100 per person per program by March 1, 2012. This deposit is non-refundable.

**Balance of Payment:** Full payment for the program(s) is due April 1, 2012.

**Method of Payment:** **Payment may be made by bank transfer, personal check, or by credit card via Paypal.**

1. **By bank transfer:** **PLEASE ADD \$10 BANK FEE**

Account Name: Center for the Study of Early Christianity \* UHL  
Bank: Wells Fargo Bank, N.A. San Francisco, California USA  
Branch: Evergreen Branch, 3331 San Felipe Rd., San Jose, CA 95135  
Bank No: 121042882 SWIFT Number: WFBIUS6S  
Account Number: 6274864443

2. **By personal check:**

Please send a check in US dollars made out to "The University of the Holy Land" to UHL at POB 24084, Mt. Scopus, Jerusalem 91240, Israel.

3. **Payment by credit card via PayPal:** **PLEASE ADD \$70 TRANSACTION FEE**

Please go to the UHL website to the following link: <http://www.uhl.ac/helpSupport/>  
Press "Donate" and enter your credit card payment.

**Included:** Our prices are all inclusive and cover twin-shared, full-board accommodations; all land transportation; border fees and taxes; all entrance fees (unless noted otherwise on the itinerary); study materials; all tips and portorage; UHL registration fee; and UHL instructor/guide.

**Not Included:** Our prices do not include flights, transfer to and from Jerusalem, insurance, snacks or beverages or lunch on free days. Travel insurance is mandatory and the personal responsibility of each tour participant. Policies should cover accident, illness, cancellation, and loss or damage of luggage.

**Cancellation:** If the program is cancelled after March 20, 2012, each participant will be liable to pay a percentage of the total price in accordance with the following scale:

|                            |            |            |             |
|----------------------------|------------|------------|-------------|
| <b>Prior to Tour</b>       | 28-15 Days | 14-6 Days  | 5-1 Days    |
| <b>Percentage of Price</b> | 20 percent | 50 percent | 100 percent |

*All accommodations and itineraries are subject to change without advance notice. The University of the Holy Land accepts no responsibility for losses or additional expenses due to delays or changes in flights or services, sickness, war, strike, or other causes beyond our control. In these cases, a participant's travel insurance policy should cover refund of payment.*

*UHL reserves the right to cancel the program, in which case all payments received will be returned accordingly. Please direct all questions to [admin@uhl.ac](mailto:admin@uhl.ac).*

UHL 09.09.11

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## Transcript Request Form

### 1. Participant Details

|                                      |                                       |
|--------------------------------------|---------------------------------------|
|                                      |                                       |
| Full Name (Last name, personal name) | Date of Birth                         |
|                                      |                                       |
| Passport Number                      | Student ID Number at Home Institution |
|                                      |                                       |
| Mailing Address                      | City, State, Zip Code                 |
|                                      |                                       |
| E-mail                               | Telephone                             |

### 2. UHL Program Details

|              |               |
|--------------|---------------|
|              |               |
| Program Name | Program Dates |
|              |               |
| Program Name | Program Dates |
|              |               |
| Program Name | Program Dates |

### 3. School Details

|                |                                    |
|----------------|------------------------------------|
|                |                                    |
| School Name    | Registrar Name                     |
|                |                                    |
| Department     | Indicate Graduate or Undergraduate |
|                |                                    |
| Street Address | City, State, Zip Code              |
|                |                                    |
| E-mail         | Telephone                          |

Please note any other relevant details:

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