



U.S. Embassy Tel Aviv, Israel (TLV)  
71 Hayarkon Street  
Tel Aviv, Israel 63903

**ACS Appointment System -**

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**APPOINTMENT DETAILS**

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PLEASE [PRINT](#) THIS PAGE AND BRING IT WITH YOU WHEN YOU APPEAR AT THE EMBASSY OR CONSULATE.

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**Date of Appointment:** **Wednesday, October 08, 2008**

**Time of Appointment:** **10:00:00 AM**

**Appointment UID:** PA1936736

**Appointment Password:** Yuz65giDfo

**Applicant's Surname:** SHAFRAN

**Applicant's Given Name:** MIRIAM TAMAR

**Applicant's DOB** (dd/mm/yyyy): 20 Jan 1981

**Contact Telephone Number:** 026541469

**E-mail Address:** bhochster@gmail.com

**Name of non-applicant who will be appearing for this appointment:** n/a

**Number Of Services Required:** 1

**Type Of Services Required:** Passport services other than adding pages.

**IMPORTANT:**

1. Please read all the instructions and complete all forms for the service you have requested. Failure to submit a complete and correct application will delay your case. To minimize the time you will need to spend at the Embassy or Consulate on the day of your appointment, please fill in application forms prior to arrival.
  2. If you need to make another appointment for someone else, please [click here](#).
  3. If your plans change, please [click here](#) to cancel your appointment prior to the date you are scheduled to appear. You must first cancel your existing appointment in order to make a new one.
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