

TRIP RESERVATION FORM

1. Name: _____ Address: _____ _____ Day Telephone: _____ Evening Telephone: _____ Fax: _____ E-mail: _____ Birthdate: Month _____ Day _____ Year _____ Profession: _____ Please list any dietary restrictions or medical problems. _____ Emergency contact person and telephone number: _____	2. Name: _____ Address: _____ _____ Day Telephone: _____ Evening Telephone: _____ Fax: _____ E-mail: _____ Birthdate: Month _____ Day _____ Year _____ Profession: _____ Please list any dietary restrictions or medical problems. _____ Emergency contact person and telephone number: _____
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Name and date of your preferred trip: _____

Where did you hear about Italian Connection? _____

- We are traveling together and prefer a room with: twin beds a queen bed
- I would like a single room and will pay the single supplement
- I am traveling alone and would like to share accommodation if possible

TRIP DEPOSIT

\$1000 USD per person x _____
(number of persons)

Total Enclosed: _____

Method of Payment (*Check One*):

VISA MasterCard American Express

Name on Card _____

Card# _____

Expiry _____ Code _____

Signature of Cardholder

All trip payments are non-refundable.

I/We, the undersigned, have read and agree to the terms and conditions as outlined in the information pertaining to this trip by Italian Connection, including our cancellation and refund policy. In addition, I/We understand that a waiver will be sent and must be signed by each participant. All trip payments are non-refundable.

 1. Signature

 2. Signature

All trip payments are non-refundable.

We advise that you purchase optional trip cancellation insurance.
 You may compare & purchase insurance at:
www.insuremytrip.com