

Italian

CONNECTION

TRIP RESERVATION FORM

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Day Telephone: _____

Day Telephone: _____

Evening Telephone: _____

Evening Telephone: _____

Fax: _____

Fax: _____

E-mail: _____

E-mail: _____

Birthdate: Month _____ Day _____ Year _____

Birthdate: Month _____ Day _____ Year _____

Profession: _____

Profession: _____

Please list any dietary restrictions or medical problems.

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Emergency contact person and telephone number: _____

Emergency contact person and telephone number: _____

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

€750 (\$1000 USD) per person x _____
(number of persons)

Total Enclosed: _____

Method of Payment (*Check One*):

Cheque, payable to Italian Connection

VISA MasterCard American Express

Card# _____

Expiry _____

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.

Complete and return to:

Italian Connection, 11825 11B Ave. Edmonton, Alberta T6J 7E3, Canada

Toll Free: 1-800-462-7911 Tel.: (780) 438-5712 Fax: (780) 436-4085 email: info@italian-connection.com