

Paris 2010 Tour Registration Form

CONTACT INFORMATION

Name _____
Company _____
Address _____
City, State, Zip _____
Phone _____ Fax _____ Email _____

TRAVEL INFORMATION

Departure City _____
Airline preference to JFK/Chicago(circle one) _____
Frequent Flyer number _____
U.S Citizen? Y___ N___ If not citizen of _____
Passport Name _____ Passport Number _____
Seat Preference? _____
Dietary Restrictions _____
Medical/Health Restrictions _____
Roommate request ___ Roommate name _____
Emergency Contact Information
Name _____ Phone _____
Address _____ City/State/Zip _____
Relationship _____

PAYMENT INFORMATION

Visa__ MasterCard__ Check/Money Order# _____
Card# _____ Exp ___/_____
Name as it appears on card _____
Signature _____ Date _____
Security Code _____
Make checks payable to Deb Barrett

Questions? Comments?

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