
Registration Form

**3rd IAS AIDS Conference in Rio De Janeiro
July 22 - August 1, 2005**

NAME _____
(Legal name as appears in your passport) Please print

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PASSPORT NUMBER: _____ D.O.B: _____
If you do not have a Passport yet please state Pending

MY ROOMMATE'S NAME IS: _____

MALE: ___ FEMALE: ___

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

MY NAME TAG SHOULD READ _____

I WOULD LIKE TO HAVE AN ADD-ON FLIGHT TO MIAMI _____
(Add-on flights to Miami are not included in the price of the tour)

I WOULD LIKE TO TAKE THAT AMAZON OPTIONAL EXTENSION YES: ___ NO: ___

Enclosed is my non-refundable deposit of: (\$400.00) per person _____ No. of persons _____
(Due on or before October 1, 2004)

I want a single accommodation for additional \$345.00: Yes ___ No ___

All payments by check or money order only.

I have read the Tour Conditions section of the brochure and understand the cancellation policy. I understand that initial deposit of \$400.00 per person is non-refundable. Final payment is due April 15, 2005. Cancellations after April 15, 2005 become nonrefundable and can only be recovered through travel insurance. I also understand that I am responsible for adequate personal and medical insurance. I wish to confirm that I received a travel insurance pamphlet. (Please note that Heavenly Tours will be unable to proceed with your reservation without your deposit and signature on this form.)

SIGNED: _____

Make checks payable to: HEAVENLY INTERNATIONAL TOURS

Detach this form and mail to:

**Heavenly International Tours
3900 W. Brown Deer Road
Suite A-134
Milwaukee, WI 53209
(800) 322-8622**
