

REGISTRATION FORM
INSPIRATIONAL TOUR OF ROME & THE AMALFI COAST
October 29 – November 7, 2007

NAME: _____

(Legal name as appears in your passport) - Please print

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PASSPORT NUMBER: _____ D.O.B. _____

(If you are waiting for a Passport, please state "Pending")

ISSUE DATE: _____ EXPIRATION DATE: _____ CITIZENSHIP: _____

MY ROOMMATE'S NAME IS: _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMERGENCY NAME /PHONE WHILE I AM ON TOUR _____

NAME TAG SHOULD READ: _____

E-MAIL ADDRESS IS: _____

- Enclosed is my check/Money Order for deposit: (\$300.00) per person _____ Persons: _____
(Due on or before April 1, 2007)
- I want a **single accommodation** for an added \$ _____: Yes _____ No _____
- I traveled _____ with Heavenly Tours before. Please enter number of previous tours _____
- Early Bird reduction of \$50.00 if Initial Deposit is paid prior to April 1, 2007: Yes _____ No _____

All payments by check or Money Order only

I have read the Tour Conditions & Cancellations policy of the section of the brochure and understand the cancellation policy. I understand that the Initial Deposit of \$300.00 and Second Deposit of \$200.00 are non-refundable. Final payment is due September 1, 2007. Cancellations after September 1, 2007 become non-refundable 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 process your reservation for the tour without your initial deposit of \$300.0 and your signature on this form.)

SIGNED: _____ DATE: _____

Make check payable to: Heavenly International Tours

Mail this form with your deposit to:

HEAVENLY INTERNATIONAL TOURS

3900 W. Brown Deer Rd. - Suite A134

Milwaukee, WI 53209

(800) 322-8622 or (414) 352-6522

E mail: info@heavenlytours.com

Web: www.heavenlytours.com