



RESERVATION FORM

13-Day Classical Italy!

November 1, 2010 / Booking #48989

Mail reservation form to:

WISE & Healthy Aging
1527 St., 2nd Floor
Santa Monica, CA 90401
Attention: Grace Cheng Braun

Please make check payable to:

WISE & Healthy Aging
Phone: (310) 394-9871, ext. 440 Fax: (310) 394-7152
Email: trips@wiseandhealthyaging.org

Enclosed, please find a deposit in the amount of \$_____ (\$500 per person) to secure reservations for _____ (number) person(s). Full payment is due before August 16, 2010.

I(We) wish to purchase the Cancellation Waiver & Post Departure Plan at this time:

[] No [] Yes Enclosed, please find payment in the amount of \$_____ (\$235 per person) to secure the Cancellation Waiver & Post Departure Plan.

TOTAL PAYMENT: \$_____ If Credit Card, check one: [] VISA [] MC [] AMEX

Credit Card #: _____ Expiration Date: (Mon/Year): _____

Amount to be charged: \$_____ Signature: _____ Today's Date: _____

> > > Please PRINT name(s) exactly as it appears on passport(s) < < <

Passport Name: _____ Sex: [] M [] F Date of Birth: (m/d/yr) _____

Roommate's Passport Name: _____ Sex: [] M [] F Date of Birth: (m/d/yr) _____

Your Address: _____

City: _____ State: _____ Zip Code: _____ Phone: () _____

Email: _____ Please mail 2 copies of EACH passport to WISE & Healthy Aging.

In Emergency, Name: _____ Phone: () _____ Relationship: _____