



CULTOURINARIA

REGISTRATION FORM

Tour "Porcelain Painting Art & Beyond" IPAT in San Francisco / Travel Date: August 12-23, 2012

Please Print:

Full Name: _____ (as it appears on passport)

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone: _____ Cell: _____

Birth date _____ Gender: Female Male

Passport Information: Country of issue: _____ Number: _____
Expiration Date: _____

Special meal/dietary requests: _____

Allergies: _____

Emergency Contact: Name: _____
Relationship to traveler: _____
Phone: _____ Cell: _____

Type of Room: Single Double Other (if available): _____

Roommate: _____

____ (initial) I have read and I agree to the Terms & Conditions of this trip.

- I have been offered Travel Insurance for this trip - I decide not to purchase travel insurance.
 I have been offered Travel Insurance for this trip - I request to be provided with travel insurance information.
 I am interested in extending my trip by adding independent days prior to / after the group ground tour.
 I am interested in assistance to book my/our individual flights.

Other indications: _____

- Enclosed is my deposit check of \$800 per person. Make the check payable to Sullivan's Custom Tours, L.L.C.
 I want to pay with credit card (add credit card payment fee of 5%).

Signature: _____ Location: _____ Date _____

To be assured of reservation, please complete and send this registration form to:
Sullivan's Custom Tours, L.L.C., Donna Sullivan, 5740 West Little York Road, PMB357, Houston, Texas 77091
713.291.3492 cell / 713.849.4858 phone/fax / donnabsullivan@aol.com email