

Paris 2010 Tour Registration Form

CONTACT INFORMATION

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

TRAVEL INFORMATION

Departure City _____
Airline preference to JFK _____
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

NOTE: If you want to pay by credit card we will invoice you through PAYPAL

Payment by Visa ___ MasterCard ___ Check/MoneyOrder# _____

Yes, I have a PayPal account ___ Email address on account _____

Make checks payable to: Deb Barrett Europe 2010

Questions?

Deb Barrett
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E deb@debbartett.com

Comments?

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