

- CIT23: June 13 - 23, 2023 • \$5,099
- Single Supplement • \$800

Northern Italy

Passenger Information (1st Traveler)

Please record information exactly as it appears on your passport. Passport information may be sent later if you have yet to obtain a passport. *Best practice is to include a photocopy of the picture page of your passport with your application.*

Legal Name: _____

(Name for name badge): _____

Passport #: _____

Passport Exp. Date: _____

Passport Authority: _____

Date of Birth: _____

Place of Birth: _____

Gender: Male Female

Dietary Needs: _____

Passenger Information (2nd Traveler)

Please record information exactly as it appears on your passport. Passport information may be sent later if you have yet to obtain a passport. *Best practice is to include a photocopy of the picture page of your passport with your application.*

Legal Name: _____

(Name for name badge): _____

Passport #: _____

Passport Exp. Date: _____

Passport Authority: _____

Date of Birth: _____

Place of Birth: _____

Gender: Male Female

Dietary Needs: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Work phone/cell: _____ E-mail: _____

Emergency Contact Name: _____ Phone: _____

Sleeping Preference (circle one): Double bed (1 bed) Twin Beds (2 beds)

Roommate name: _____ OR Single supplement: Yes No

Travel Insurance (7.2% of tour cost; policy must be purchased at time of initial deposit to cover pre-existing medical conditions)

- I wish to purchase Travel Guard insurance and have included the premium with my deposit.
- I wish to decline the travel insurance offered. I understand I am solely responsible for any cancellation penalties and out of pocket expenses occurred should I have an emergency before or during the tour.

Deposit Payment Information (please check one)

- Enclosed is my \$ _____ deposit and insurance premium (if applicable). **Make check payable to Ed-Ventures, Inc.**
- Please charge \$ _____ deposit and insurance premium (if applicable) to my Discover/MasterCard/Visa

Credit Card Number: _____ Exp. Date: _____

Card ID Code:* _____ *last 3 digits in signature box on the back of the card

_____ Initial to acknowledge you understand that Federal law prohibits the carriage of certain hazardous materials in your luggage or on your person aboard aircraft and could result in a fine or imprisonment. Visit www.tsa.gov for more information.

Prices in this brochure were effective on 11.29.22. By signing below, I understand that price changes are possible at the time of final invoicing, due to exchange rates, an increase in carrier charges, fuel costs, taxes and tariffs, and the number of passengers traveling in the group. I understand that insurance premiums and credit card fees are non-refundable. I agree to the terms and conditions of this tour.

Signature of 1st traveler: _____ Date: _____

Signature of 2nd traveler: _____ Date: _____

