

TRAVEL 2007 REGISTRATION FORM

TRIPS	DEPOSIT
SOUTH AMERICAN TAPESTRY January 25 – February 8	\$500
AMAZON VOYAGE February 16 – 25	\$600
WATERWAYS AND CANALS OF HOLLAND AND BELGIUM April 23 – May 1	\$600
PORTRAIT OF ITALY: FROM THE AMALFI COAST TO VENICE May 1 – 17	\$500
MAJESTIC CATHEDRALS OF FRANCE May 23 – June 2	\$600
ALUMNI COLLEGE IN SPAIN May 22 – June 2	\$500
TREASURES OF SOUTHERN AFRICA May 28 – June 10	\$600
PASSAGE OF PETER THE GREAT July 8 – 20	\$600
UKRAINE: CRUISE THE MAGNIFICENT DNEIPER July 25 – August 7	\$600
EXPLORING ICELAND August 18 – 28	\$500
CHIANTI IN A TUSCAN VILLA August 26 – September 3	\$500
FRENCH RIVIERA October 25 – November 5	\$600
BAVARIAN MARKETS DISCOVERY November 29 – December 7	\$500

TO REGISTER:

Phone: Please have your application and credit card information available and call Stephanie Tadlock at 301.405.7870/800.336.8627.

FAX: Fax completed form to 301.314.6807.

Mail: Send completed form with the appropriate deposit to:
University of Maryland Alumni Association
ATTN: Stephanie Tadlock
Samuel Riggs IV Alumni Center
College Park, MD 20742-1521

ELIGIBILITY:

Participation is a benefit of membership. If you are not a Maryland Alumni Association member, call us for further information at 301.405.4678/800.336.8627, or we will send an information packet upon receipt of your application.

Trip Name

Name (First, Last, Title) Class Year (if applicable)

Address

City State Zip

Phone – Day

Phone – Evening

Name for name badge

Name (First, Last, Title) Class Year (if applicable)

Address

City State Zip

Phone – Day

Phone – Evening

Name for name badge

ACCOMMODATIONS:

Check one:

- I will share a room with _____
(roommate's name).

- I am traveling alone and wish to share a room (shares not guaranteed).
 - Non-smoking Smoking

- I prefer a single room, where available, at the supplemental price.

PAYMENT INFORMATION:

- I am enclosing my check, payable to the University of Maryland Alumni Association.

- I authorize the tour operator working with the University of Maryland Alumni Association to charge my payment to:
 - Visa Mastercard Discover American Express

Amount

Card Number Exp Date

Name (as it appears on the card)

Signature

