

HARVARD ALUMNI TRAVELS

124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 PHONE: 800-422-1636 or 617-496-0806 EMAIL: ALUMNI_TRAVEL@HBS.EDU

RESERVATION FORM

PROGRAM NAME		DEPARTURE DATE		
NAME (TRAVELER 1)		DATE OF BIRTH		
ADDRESS				
CITY	STATE	ZIP		
PHONE: (HOME)	(CELL)	(OFFICE)		
EMAIL				
NAME (TRAVELER 2)		DATE OF BIRTH		
ADDRESS				
СІТҮ	STATE	ZIP		
PHONE: (HOME)	(CELL)	(OFFICE)		
EMAIL				
TO REGISTER, FILL OUT	THIS FORM AND RETURN WI	Th your deposit of \$1,000.00 pe	er Person.	
METHOD OF DEPOSIT:	□ Check □ MasterCard	I/Visa □Amex		
CARD NUMBER		EXPIRATION DATE	CVV	
NAME AS IT APPEARS OF	N THE CARD			
ACCOMMODATIONS:	Double room	□ Double room □ Single room (at an additional charge)		
□ Share room with				
	ve carefully read the informati cified in the tour conditions.	ion on refunds, general conditions, ar	nd the	
SIGNATURE		DATE		
SIGNATURE		DATE		

Please return this form with deposit to the address at the top of this page or fax it to 617-496-4011.

QUESTIONS? Please call us at 800-422-1636 or email alumni_travel@hbs.edu.

Terms and conditions apply, including cancellation fees and responsibility clauses. Please refer to alumni.harvard.edu/travel/trips/hbs for specific trip details.