

REGISTRATION FORM

Please print this form, fill out the traveler information on both sides, and return with your deposit. A deposit of \$1,000 per person is required to reserve a space on this trip. Deposits may be made by check or credit card. Final payment must be made by check.

TRAVELER INFORMATION	
PROGRAM NAME	
DEPARTURE DATE	
FIRST PERSON	
NAME ON PASSPORT	
HARVARD AFFILIATION	
DATE OF BIRTH (FOR MEDEVAC INSURANCE	PURPOSES)
EMAIL ADDRESS	
STREET ADDRESS	
CITY / STATE / ZIP OR POSTAL CODE	
COUNTRY	
HOME TELEPHONE	CELL PHONE
WORK TELEPHONE	
SECOND PERSON	
NAME ON PASSPORT	
HARVARD AFFILIATION	
DATE OF BIRTH (FOR MEDEVAC INSURANCE	PURPOSES)
EMAIL ADDRESS	
STREET ADDRESS	
CITY / STATE / ZIP OR POSTAL CODE	
COUNTRY	
HOME TELEPHONE	CELL PHONE

WORK TELEPHONE

DEPOSIT: \$1,000 PER PERSON			
☐ Please charge my Credit Card			
☐ MasterCard	☐ Visa		
CARD NUMBER	EXP. DATE	3-DIGIT SECURITY CODE	
NAME AS IT APPEARS ON CR	EDIT CARD (PLEASE F	PRINT)	
SIGNATURE			
OR			
☐ Enclosed is a check for \$ to the Harvard Alumni Ass		1,000 per person) payable	
ACCOMMODATIONS			
$\hfill\Box$ We desire a double room			
\square I desire a single room (ad	ditional charge)		
☐ I plan to share a double ro	oom; my roommate's	name is	
If a cruise, please indicate ca	tegory of cabin reque	sted:	
1ST PREFERENCE			
2ND PREFERENCE			
3RD PREFERENCE			
I/We have carefully read and the terms and conditions for http://alumni.harvard.edu/	this trip found in the		
SIGNATURE		DATE	
SIGNATURE		DATE	

PLEASE SEND THIS COMPLETED FORM

BY MAIL HAA Travels

124 Mount Auburn Street, 6th floor

Cambridge, MA 02138

BY FAX If registering by credit card, you can fax this

form to us at 617-496-4011

FOR MORE INFORMATION

Please contact the Harvard Alumni Association at 800-422-1636, 617-496-0806, or via email at haatravels@harvard.edu