

TRAVELS



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 CREDIT CARD (PLEASE PRINT)

SIGNATURE

OR

Enclosed is a check for \$ _____ (\$1,000 per person) payable to the Harvard Alumni Association

ACCOMMODATIONS

We desire a double room

I desire a single room (additional charge)

I plan to share a double room; my roommate's name is _____

If a cruise, please indicate category of cabin requested:

1ST PREFERENCE

2ND PREFERENCE

3RD PREFERENCE

I/We have carefully read and accept the general information explaining the terms and conditions for this trip found in the trip brochure and/or at <http://alumni.harvard.edu/haa/travel>

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