



RESERVATION FORM

9-Day Barcelona-Paris Adventure!

March 20-28, 2012

Mail reservation form to:

WISE & Healthy Aging
1527 4th St., 2nd Floor
Santa Monica, CA 90401
Attention: Grace Cheng Braun

Please make check payable to:

WISE & Healthy Aging
Phone: (310) 394-9871, ext. 440 Fax: (310) 394-7152
Email: trips@wiseandhealthyaging.org

Enclosed, please find a deposit in the amount of \$_____ (\$500 per person) to secure reservations for ____ (number) person(s). Full payment is due by January 5, 2012.

I(We) wish to purchase the Cancellation Waiver & Post Departure Plan at this time:

[] No [] Yes Enclosed, please find payment in the amount of \$_____ (\$245 per person) to secure the Optional Cancellation Waiver & Post Departure Plan

TOTAL PAYMENT: \$_____ If Credit Card, check one: [] VISA [] MC [] AMEX

Credit Card #: _____ Exp. Date: (Mon/Year): _____ Security Digits: _____

Amount to be charged: \$_____ Signature: _____ Today's Date: _____

(If paying by credit card, this form can be securely faxed to (310) 394-7152.)

> > > Please PRINT full name(s) exactly as it appears on passport(s) < < <

Last Name: _____ First: _____ Middle: _____ Sex: [] M [] F Date of Birth: (m/d/yr) _____

Roommate's Last Name: _____ First: _____ Middle: _____ Sex: [] M [] F DOB (m/d/yr) _____

Your Address: _____

City: _____ State: _____ Zip Code: _____ Phone: () _____ Cell: () _____

Email: _____ Please send a clear copy of EACH passport to WISE & Healthy Aging.

In Emergency, Name: _____ Phone: () _____ Relationship: _____

NOTE: Air Rates/Air Taxes/Fees are subject to change until tour is paid in full. Name changes under 75 days are subject to penalties. Name mistakes or corrections are subject to air change and/or re-ticketing fees. Triple room rate reduction is based on standard double room with 2 beds.