

Please return form promptly to:

AAA Travel / AAA Central Penn – Group Dept.
PO Box 1354, Harrisburg, PA 17105-1354
OR fax to: 717-657-3547

Questions? Contact

Kim Klein, Gallery dePaul
717 299 1631, or e-mail
khklein@gallerydepaul.com

PLEASE COMPLETE FORM BY TYPING OR PRINTING LEGIBLY; USE ONE FORM FOR EACH REGISTRANT WITH A DIFFERENT ADDRESS OR PAYMENT/BILLING ARRANGEMENT. REGISTER USING LEGAL NAME AS SHOWN ON PASSPORT:

1: Mr./Mrs./Ms. _____ Birth Date? _____ U.S. Citizen? Yes/No
rooming with.....

2: Mr./Mrs./Ms. _____ Birth Date? _____ U.S. Citizen? Yes/No

Address: _____ City _____ State ____ Zip _____

Daytime telephone number: (____) _____ E-mail address: _____

PASSPORT INFORMATION: Number / Date of Issue / Expiration Date / Issuing Authority

Passenger # 1: _____

Passenger # 2: _____

NAME AS YOU PREFER IT TO APPEAR ON PASSENGER LIST:

Passenger # 1: _____ Passenger # 2: _____

ROOM ACCOMMODATIONS: Rooming with (if on a separate registration form): _____
___Single Occupancy. ___Double Occupancy (___ 2 beds or ___ 1 bed). ___Single, willing to share room.

Special Occasion being celebrated on this trip (advise occasion and date) _____

Airline Seating Preference (cannot be guaranteed): _____

Physical Disabilities and/or Health Conditions _____

Do you require wheelchair assistance at airports? Yes/No. Other assistance required? _____

Please keep in mind there is walking involved on this tour. For personal comfort, group participants who require assistance are advised to have a traveling companion who is capable of and totally responsible for providing assistance throughout the trip.

Note: To the best of my knowledge, I am in good health and suffering from no physical condition which might be detrimental to my own safety, comfort and convenience, and that of the other participants during this tour. If any participant named on this application has a specific physical condition, disability, allergy, or dietary requirement that may require special attention or treatment, such details must be reported on this application. I have read, understand and agree to conditions set forth in the program information, especially those paragraphs relating to payments, cancellations, refunds and responsibilities of Gallery dePaul and AAA Travel, Tumlare Corp. and/or program providers for the participants.

Signatures: # 1: _____ # 2 _____

In Case of Emergency during the tour, please contact:

Name _____ Relationship _____

Daytime Telephone (____) _____ Evening Telephone (____) _____

Deposit and Payment Arrangements:

Tour Rates: \$ 3,995 per person sharing a double/twin room; \$ 4,595 for single occupancy of room.

Trip Payments: \$ 500 per person deposit due with registration form. Balance due by July 1, 2008.

___ Check enclosed (payable to AAA Travel) or

___ Charge to credit card, information provided below:

Visa/MasterCard (circle one) Acct # _____ Exp. Date _____

Cardholder name (as shown on card) _____ Signature _____