

WWII in Poland Registration Form

Personal Information (as it appears on your passport)

First Name _____ MI _____ Last Name _____ Tel (_____) _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

If you are traveling with a companion, please furnish the following information

First Name _____ MI _____ Last Name _____ Tel (_____) _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Double (1 Bed) Twin (2 Beds) Single

If you want to be paired with a roommate, please check the box.

If you wish to book additional companions, please attach the necessary information.

Veteran Status WWII Veteran *WWII Veterans receive a 10% discount.*

September 3 - 17, 2011

Tour price is \$4,800.00 per person based on double occupancy.

\$5,600.00 per person based on single occupancy.

Stephen Ambrose Historical Tours accepts no liability for the purchase of non-refundable airline tickets. *Accommodations:* Extra nights are available before or after the tour. Please contact the office.

To register for this tour, we require a deposit of \$300.00 per person. The deposit is non-refundable. 50% of tour cost is due 90 days prior to the tour with the full balance due 45 days prior to tour start.

SAHT strongly recommends traveler's insurance. Please contact Travelex at (800) 228-9792, our account number is 18-6016.

I agree to SAHT's Terms and Conditions (please do not sign unless you have read the Terms and Conditions)

Signature _____ Date _____

If paying by check, please return your check with this form.

If paying by credit card, please check one of the boxes below. **Note: Additional charges of 3% will apply.**

Visa Mastercard American Express Discover Cardmember Name _____

Card # _____ 3-4 Digit Security Code (located in signature area on back): _____ Exp Date: _____

Billing Address (if different than above) _____

Notes: _____