



Please return to: InterTrav Corporation
203 State Avenue
St. Charles, IL 60174
Telephone: 630/377-5840
Toll-Free: 800/624-8338

Hill Towns Discovery Tour Registration Form

Please reserve _____ places for me/us on the Hill Towns Adventure 2017 Tour. Enclosed is my/our check in the amount of \$_____ (\$300 deposit per person).

Yes, I/we would like to purchase the optional Travel Protection in the amount of \$_____ (\$172 per person)

The cost for the Land Only package beginning at Sienna hotel, ending at Florence hotel:
\$1,725 per person, double occupancy * \$2,050 per person, single occupancy

Please make checks payable to: **InterTrav Corporation**

Child's Age

Mr. Mrs. Ms. _____
(Please PRINT full name – identical to passport.)

Mr. Mrs. Ms. _____
(Please PRINT full name – identical to passport.)

*** If you are signing up more than two travelers, please attach a separate list with the additional names and other pertinent information.**

Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ (_____) _____
Area Code Home Area Code Business Phone or Cell Phone

Email Address: _____

Widow: Yes No **Descendant:** Yes No **Other:** _____

Preferred first name(s) for name badge and Army Unit for each member of your party: _____

PLEASE CHECK THE APPROPRIATE BOX:

I will share a room with (if other than my spouse) _____

I do not have a roommate but will share. If a roommate cannot be found, I will pay the single supplement of \$325.

I desire single room accommodations at the supplementary charge of \$325.

I/WE WOULD LIKE INTERTRAV TO PROVIDE AN AIRFARE QUOTE OUT OF THE FOLLOWING CITY: _____

Yes, I/we are interested in the optional cooking class in the Hill Towns. Number of people: _____