



Please return to:

InterTrav Corporation 203 State Avenue St. Charles, IL 60174

Telephone: 630/377-5840

## **Registration Form**

	laces for me/us on the <i>Italia 1945 - 20</i> deposit per person). We will confirm you	The state of the s	
Please make checks paya	ble to: InterTrav Corporation		
I/we wish to travel on:	☐ Pre-Tour, Florence & Hill Towns <i>May 31 – June 13</i>	Pre-Tour and Main WWII Tour  May 31 – June 20	
	☐ Florence & Hill Towns Only <i>June 4 – 13</i>	☐ Main WWII Tour Only  June 4 – 20	
			Child's Age
□ MIT. □ MITS. □ MIS	(Please PRINT full name – ident	ical to passport.)	
□ Mr. □ Mrs. □ Ms	(Please PRINT full name – ident	ical 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		Area Code Business Phone or Ce	ell 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 roomm	ate but will share. If a roommate canno	ot be found, I will pay the single tour	price.
☐ I desire single room ac	commodations at the single tour price.		
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