



GREECE & ITALY

January 4/5-17, 2019

Tour Hosts : Dr. Glen Thompson • Dr. Joel Pless • Dr. Stephen Geiger

REGISTRATION FORM*

Name as it appears on the passport (First, Middle, Last)

Name: _____

Title: _____

Preferred Name: _____

(If different than above) _____

(Mr. Mrs. Ms. Rev. Dr.)

Street Address: _____

PO Box: _____

City, State, Zip: _____

Home Phone: _____ / _____

Cell Phone: _____ / _____

Email Address: _____

Age: _____

Citizenship: _____

Birth Date: _____ / _____ / _____

(Month/Day/Year)

Passport

Number: _____

Passport Expiration Date: _____ / _____ / _____

Emergency Contact Name: _____

Phone Number: _____

Relationship: _____

PLEASE CHECK ITEMS BELOW AS APPROPRIATE:

I WANT 1 DOUBLE ROOM.

YES !

NO !

Name of Your Roommate (as on passport): _____

Please assign me a roommate

YES !

NO !

I WANT 1 SINGLE ROOM

YES !

NO !

* Please email the completed registration form to info@als.org.hk Registrations are to be received no later than June 1, 2018. Please note that payment, along with an additional submission of registration information, is to be made directly to Tutku Tours.