

TRIP REGISTRATION FORM

9/19 to 9/24 百慕達「龍王寶瓶」郵輪行

Bermuda Cruise 9/19th to 9/24th 2009
6 Days 5 Nights
\$550.00 per person +
Insurance \$49-Optional

Household

1) Name: _____ Date of Birth: _____

TEL: _____ Cell: _____

Home Address: _____

Email Address: _____

2) Name: _____ Date of Birth: _____

3) Name: _____ Date of Birth: _____

4) Name: _____ Date of Birth: _____

5) Name: _____ Date of Birth: _____

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Payment Method: Check Only

Total # of persons: _____ **Total Amount:** _____

Total Received: \$ _____ **Check #:** _____

Please fax back to 301-421-9118.

Questions? Call 301-421-9298 and Joann 202-528-0369