

REGISTRATION FOR LONDON and PARIS TRIP

06/02/17

RETURN TO: **Dr. Mitchell G. Reddish, 421 N. Woodland Blvd., Unit 8354, Stetson University, DeLand, FL 32723**DEPARTURE DATE: **MARCH 2, 2018** DEPARTURE CITY: **ORLANDO**RETURN DATE: **MARCH 11, 2018** TOUR HOST: **DR. MITCHELL REDDISH**

TITLE: _____ YOUR NAME: _____ CAMPUS ADDRESS: _____

(Dr./Mr./Mrs./Ms.)

CAMPUS TELEPHONE: (386) _____ CELL PHONE: Area Code (____) _____

HOME ADDRESS: _____ YOUR TRAVEL ROOMMATE: _____

CITY, STATE, ZIP: _____ BIRTHDATE: ____/____/____ AGE: ____ SEX: ____M____F

HOME PHONE: Area Code (____) _____

PASSPORT# _____ NATIONALITY: _____ EXP: _____

EMERGENCY CONTACT: _____ RELATIONSHIP _____

A DEPOSIT OF \$300 IS DUE AT TIME OF REGISTRATION FOR THE TRIP.**DEADLINE FOR REGISTRATION: OCTOBER 30, 2017****REMAINDER OF PAYMENT DUE BY NOVEMBER 27, 2017**☐ I've enclosed \$300 deposit per person.

SIGNATURE _____

Make checks payable to Stetson University**Enrollment in and payment for the tour constitutes your acceptance of the Fine Print**