



WISCONSIN/NICARAGUA

PARTNERS *of the* AMERICAS

REGISTRATION FORM

Name _____

(Please print exactly as name appears on your passport)

Street _____

City/State/Zip _____

Contact Phone _____ Birthdate _____

Frequent Flyer #'s _____

Seat preference if possible _____ aisle _____ window

e-mail _____

Passport # _____ Exp. Date _____

Dates of Travel: _____

Travel Group: _____

ACCOMMODATIONS: Will you be sharing accommodations?

____ Yes, My roommate is: _____

____ No, I prefer a single room at an extra charge

DEPOSIT:

Enclosed with this registration form is my deposit of \$200, check made payable to W/NP.

Remain balance due prior to departure.

W/NP will make your airline reservations, and be in contact with you regarding the flight details and payment amount for airfare.

I understand and accept the terms and conditions for the tour that are outlined in the tour Information and Conditions of this brochure.

Signature _____ Date _____

Mail to: Wisconsin/Nicaragua Partners

Room 129, Nelson Hall

Stevens Point, WI 54481

(715) 346-4702 or email wnp@uwsp.edu