TOUR PUGLIA RESERVATION FORM

(PLEASE PRINT CLEARLY)

PASSENGER #1

_____

(Print name exactly as it appears on passport)

Passport Number_____

Passport Expiration Date_____
Month Day Year

Country of Issue_____

Date of Birth_____
Month Day Year

Gender: _____Male _____Female

Address _____

City_____

State _____Zip _____

Phone _____

_____

_____
Global Entry Number (if applicable)

EMERGENCY CONTACT

Name_____

Relationship _____Phone_____

PASSENGER #2

_____

(Print name exactly as it appears on passport)

Passport Number_____

Passport Expiration Date_____
Month Day Year

Country of Issue_____

Date of Birth_____
Month Day Year

Gender: _____Male _____Female

Address _____

City_____

State _____Zip _____

Phone _____

_____

_____
Global Entry Number (if applicable)

EMERGENCY CONTACT

Name_____

Relationship _____Phone_____

TOUR TOTAL COST (PER PERSON)

$ 3,150.00 (DOUBLE OCCUPANCY)

DOUBLE ROOM (SINGLE OCCUPANCY)
ADD: $ 1,050.00

***BASED ON THE PARTICIPATION OF**
20 PEOPLE

FULL PAYMENT BY CHECK ONLY
PAYABLE TO:

AMERICAN MARKETING STRATEGIES, INC.

MAIL TO:
ROSELLE SISTER CITIES
ITALIAN COMMITEE

Mr. PAT CAPRIATI
402 WOODSIDE DRIVE
WOOD DALE, IL 60191

INFO.
TEL. 1. (630) 290-8660