

CONTACT INFORMATION

Name (last) _____ Name (first) _____ M.I. _____ Gender: M F

Mailing address _____

City _____ State _____ Zip code _____

Social Security Number* _____ Date of birth _____ Passport number** _____

(area code) Daytime phone _____ (area code) Evening phone _____ Email address _____

Emergency contact name _____ Emergency contact (area code) phone _____

I consent to release my address and/or phone number to fellow tour participants. Address: Yes No Phone: Yes No

FEES

Yes, I wish to register for the 2010 London Theater and Concert Arts Tour, March 12–27, 2010 (Reg #103267)

Tour fee deposit \$900

Registration fee \$35

Total fees submitted with registration \$935

PAYMENT

Check in U.S. funds made payable to the University of Washington. (Returned checks are subject to a \$25 service fee.)

Third-party payer: separate document (purchase order or letter of authorization to bill) must accompany this form.

VISA MasterCard

Card number _____ Expiration date _____

Name as it appears on card _____

Credit card billing address _____

City State Zip code

Signature

HOTEL ACCOMMODATIONS

- I wish to have a single room at an additional cost of \$575. I understand that one might not be available.
- Double-room occupancy:
 - I plan to share a room with (name): _____
 - I will choose a roommate at orientation: Smoker Non-smoker
- Additional night(s) double occupancy _____ at \$78 person/night
- Additional night(s) single occupancy _____ at \$114/night

IMPORTANT INFORMATION

Mail completed form to: UW Extension
Registration Services
PO Box 45010
Seattle, WA 98145-0010

Or **fax** form to: 206.685.9359

Note: If paying by VISA or MasterCard, you may also register by phone at 206.897.8939 or 1.800.506.1325.

*For tax purposes, federal law requires the University to obtain your Social Security number.

**The hotel requires that we obtain your passport number prior to arriving in London.

ACKNOWLEDGEMENT OF CONDITIONS

I have read the General Information (www.extension.washington.edu/ext/travel/london/default.asp#general) and agree to the conditions under which this tour will be operated, particularly those which apply to payments, cancellation, refunds, risks, flight and transportation arrangements, insurance and responsibility.
I acknowledge my voluntary participation in the activities of the tour I have chosen, understand this agreement to be a binding contract, and sign it of my free will.

Participant's signature (Parent or guardian must sign if participant is under 18 years of age) Date
