

**REGISTRATION FORM**  
**TURKEY/GREECE STUDY TOUR**  
**WITH DAN WALCOTT**  
**MAY 30 – JUNE 11, 2010**

Name (AS LISTED ON PASSPORT) First \_\_\_\_\_ Last \_\_\_\_\_

Name you prefer on nametag \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (area code) \_\_\_\_\_ Work Phone (area code) \_\_\_\_\_

Cell Phone (area code) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Passport Number \_\_\_\_\_

Passport Expiration Date \_\_\_\_\_ Citizenship \_\_\_\_\_  
DD/MM/YY

<b>TRIP COST:</b>	\$3,895 PER PERSON, DOUBLE OCCUPANCY, CHICAGO DEPARTURE
<b>PAYMENT SCHEDULE:</b>	\$400 DEPOSIT DUE UPON REGISTRATION \$1,200 DUE MARCH 9, 2010 \$1,200 DUE APRIL 9, 2010 FINAL PAYMENT DUE APRIL 28, 2010
<input type="checkbox"/>	OPTIONAL CAPPADOCIA HOT AIR BALLOON RIDE (\$250)
<input type="checkbox"/>	REQUEST SINGLE ROOM (\$390 SUPPLEMENT)
<input type="checkbox"/>	REQUEST GTI TO FIND ROOMMATE <input type="checkbox"/> I WOULD LIKE TO ROOM WITH _____

**EMERGENCY INFORMATION**

**Contact #1**

**Contact #2**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone (w/area code) \_\_\_\_\_ Home Phone (w/area code) \_\_\_\_\_

Cell Phone (w/area code) \_\_\_\_\_ Cell Phone (w/area code) \_\_\_\_\_

Work Phone (w/area code) \_\_\_\_\_ Work Phone (w/area code) \_\_\_\_\_

SEND COMPLETED REGISTRATION FORM AND **A COPY OF THE FACE PAGE OF YOUR PASSPORT** TO:  
 GTI TOURS, ATTN: JANIE, 513 EAST 8<sup>TH</sup> STREET, HOLLAND, MI 49423 PHONE: (800) 829-8234