

PLEASE COMPLETE THE FORM BELOW AND MAIL TO:

Travel Plans International
1261 Whitingham Circle
Naperville, IL 60540

Telephone: 800-323-7600
630-573-1400
Facsimile: 630-573-0077

A Bjorklunden Italy Seminar
April 12-23, 2008

Please reserve _____ space(s) on the **Italy** departure (April 12-23, 2008). Enclosed is my/our deposit payment in the amount of _____ (\$750 per person). I/We understand that the deposit is refundable up to December 30, 2007, less a \$250 per person administrative fee. Credit cards are not accepted. Please make checks payable to: **Travel Plans International, Inc.**

_____ I will share my room with _____

_____ I wish to share my room with another traveler, if available. ___Non-smoking ___ Smoking

_____ I desire single accommodations.

_____ Please confirm me/us on the group flight itinerary from Chicago.

_____ I / we will also need assistance with air transportation from _____

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone – Residence: _____ Business: _____

E-mail: _____

I/we have read and understand the terms and conditions of the program and will abide by them.

Signature: _____ Date: _____

Signature: _____ Date: _____