

GOURMETGETAWAYS

REGISTER FOR A TOUR

Please print the page, fill in the information, sign the release at the bottom and fax to 973.644.0907

Names of Participant(s): _____

Address: _____

City: _____ State/Prov: _____ Zip: _____

Name of School/ Program or Chef: _____ Date of program: _____

Phone Number: _____

Email address: _____

Contact information while in Italy

Hotel: _____

Cell phone: _____

Method of Payment: (circle one) Check VISA Master Card Discover AMEX

Name as it appears on the credit card: _____

Credit Card Number: _____

Credit Card Expiration: _____ Verification Number: _____

Amount: _____ (Credit Card Service Fee – additional 4%)

I do not wish to purchase travel insurance:

Signature _____ Date _____

By signing this form and making your reservation, you agree to accept the "Terms and Conditions", including, but not limited to, cancellation policies, as published on our website at www.gourmetgetaways.biz

Reservations: To confirm your reservation print and mail or fax the application and the proper payment.

Signature _____ Date _____

Gourmet Getaways 45 Eagle Nest Road Morristown, NJ 07960
Phone: 973.644-0906 Fax: 973.644-0907 1.888.95.ITALY