

INTERNATIONAL HERITAGE TOURS (IHT) REGISTRATION FORM (Please Complete One per Person)

Your Tour Operators are Ari & Sara — sara@ihtours.com • 1-877-999-8868 ext 391

TOUR TO ITALY with Joe Amaral — October 16th to 25th, 2024 — www.joamaral.org

PERSONAL INFO:

Your Full Name as it Appears on Your Passport:

Your Preferred Name (ie: Your name is Katherine, but you prefer to be called Kate):

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Cell Phone Number: _____

Email Address: _____

Citizenship: _____ Passport Number: _____

Birthdate: (YYYY/MM/DD) _____ I've included a photocopy of my passport.

ROOM OPTIONS (SINGLE OR DOUBLE OCCUPANCY):

- SINGLE ROOM — I wish to have a room to myself at an additional cost of \$800 **OR**
- DOUBLE ROOM — I'm traveling as a single and don't mind sharing a room (we will pair you up) **OR**
- DOUBLE ROOM — I am sharing a room with (list their name): _____

INSURANCE:

- I will purchase my own insurance **OR**
- I will purchase insurance from International Heritage Tours.

PAYMENT:

- Deposit **OR** \$400
- Full Payment **OR** \$5,499
- Land Only Payment (you arrange your own flight) \$4,629
- Single Occupancy Supplement (to have a room to yourself) \$800

INSURANCE FROM IHT (see our website for rates) (Insurance payment is due at registration) \$ _____

- Double All-Inclusive Double Non-Medical Single All-Inclusive Single Non-Medical

TOTAL \$ _____

International Heritage Tours requires a deposit of \$400 per person which is refundable up to 90 days before departure (less \$200 administrative fees per person), less than 90 days before departure the deposit is non-refundable and final non-refundable payment of the balance is due 60 days before departure. Credit card payments are subject to a 3% surcharge. Please select your payment method:

Cheque

Payable & Mail with Registration to:
INTERNATIONAL HERITAGE TOURS
7117 Bathurst Street, Suite #200
Thornhill, ON L4J 2J6
Attn: Ari Bauer & Sara Kroparo

E-Transfer

Send E-Transfers to:
accounting@ihtours.com
In the Notes section, please include:
1. The Full Name of the Passenger as listed above
2. "Group File DK 5025—Joe Amaral Italy Group"

Credit Card

Call:
Ari or Sara
1-877-999-8868
Ext 415 or 391

Please email this completed registration form to both: sara@ihtours.com -and- karen@joamaral.org