



The Alumni Association Travel Program LLC presents
A Magical European Christmas Markets Tour
November 30 – December 8, 2024
RESERVATION FORM

Please reserve _____ places for me/us on the **AATP A Magical European Christmas Markets Tour**.
 Enclosed is my/our check in the amount of \$ _____ (\$750 deposit per person).

Pay by credit card:

Card Number:	Expiration Date:
Billing Address:	Amount to charge:
Signature:	

Pay by check:

Please make checks payable to:
INTERTRAV CORPORATION

Payments by credit card will incur a 4% service fee

Mr. Mrs. Ms.

Mr. Mrs. Ms.

PLEASE PRINT NAME IDENTICAL TO PASSPORT

PLEASE PRINT NAME IDENTICAL TO PASSPORT

Address

Home Phone (Area Code)

City

State

Zip Code

Cell Phone (Area Code)

Email Address

I will room with (if other than spouse): _____

Name(s) of other people with whom you are traveling: _____

Wheelchair at airport and/or special dietary needs: _____

I do not have a roommate but will share. If a roommate cannot be found, I will pay the single supplement.

I desire single accommodation (subject to availability) at the supplementary charge of \$290.

PLEASE MAIL TO:
InterTrav Corp
 203 State Avenue
 St. Charles, IL 60174
 travel@intertravcorp.com



630-377-5840

grouptripsandtravel.com

PLEASE ENCLOSE A COPY OF THE PHOTO PAGE OF YOUR PASSPORT