



RESERVATION FORM

(one form per person, photo copies of form are permitted)

Cost: \$4,745 (Cost is based on double room occupancy. For single room occupancy, add \$950.)

To reserve: fill out application below and send with a \$500 deposit to: SYVERSEN TOURING - P.O. Box 509
Bangall, NY 12506 (Phone: 1-800-334-5425)

Includes: Round trip airfare from Washington Dulles; All land transportation by luxury motorcoach; Six nights at 4 star hotels; Three nights sailing on Celestyal Cruise Line "Olympia" with an outside cabin (picture windows); Island excursions to Patmos, Ephesus, and Crete; Breakfast and dinner daily on land; All meals while on board cruise; All touring as on itinerary; All entrance fees for sites visited on itinerary; Arrangements for daily Mass.

Mr. Mrs. Miss

Name (as appears on passport) _____

Date of Birth _____/_____/_____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____-_____ Cell Phone(_____) _____-_____

Email address _____

Name for name Badge _____ Roommate _____

- I would like a roommate. Please put me in touch with other passengers looking for a roommate. I understand that I must pay the single supplement if no roommate is found.
- I prefer a single room and will pay an additional \$950.
- Passport (required): A copy of my passport's inside page (showing name and photo) is enclosed.

PAYMENT

A non-refundable deposit of \$500 is required to hold a reservation. Balance of payment is due 50 days prior to departure. If paying by credit card, please complete the information below.

Credit Card: Visa / Master Card / AmEx / Discover (circle one)

Name (as it appears on card) _____ Amount \$ _____

Card Number _____ Security code (back of card) _____ Exp _____/_____/_____

Card Billing Address _____

(I have received, read and agree to the TERMS & CONDITIONS on the backside of this form and the Liability clause and payment terms outlined on this side of the form. I understand that by signing this form, I will not dispute any credit card charges associated with this trip. I also understand that the cancellation terms and penalties cannot be waived for any reason.)

Signature _____ (required to confirm reservation) Date _____/_____/_____

For more information, please contact Brenda Seelbach: brenda.seelbach@christendom.edu or 540.551.9189 or visit www.christendom.edu/greece.