

Taste of Scandinavia 2018 for women

Participant 1

Name (as it appears in passport): _____

Date of Birth: month _____ day _____ year

Participant 2

Name (as it appears in passport): _____

Date of Birth: month _____ day _____ year

Street Address: _____ Apartment: _____

City: _____ Province/State: _____

Postal Code/ Zip: _____ Country _____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

Please reserve _____ place(s) for

TASTES OF SCANDINAVIA 2018 for women

DELIGHTFUL DENMARK optional extension

I plan to share hotel accommodations with: _____

I am willing to share with another participant

Non-smoker only

Attached is my cheque in the amount of \$ _____

Please make cheque payable to: Stonetown Travel Ltd.

Return this completed form to:

Stonetown Travel Ltd.

Attention: Louise Bell

P.O. Box 698

St. Marys, Ontario, Canada

N4X 1B4

TICO # 50010159

For payment by credit card, please fill in the second page of this document and return it with this registration.

CREDIT CARD AUTHORIZATION FORM:

(All credit card charges will be processed by Stonetown Travel Ltd.)

Date: _____,

I _____ authorize Stone Town Travel
signature please

to charge the amount of _____ Deposit \$500.00 CAD per person

to charge the amount of _____ Final Payment June 28, 2018

to my: _____ Visa, _____ Mastercard, _____ American Express

Card # _____ expiry date: _____

(CVV# 3 digits on the back of your credit card) _____

Name on card (**please print**): _____

Cardholder signature: _____

Date: _____

Billing Address: _____

City/Province/State: _____

Country _____

Postal Code/zip: _____

Telephone: _____ Fax: _____

Email: _____

Going Places Together, in association with:

Stonetown Travel Ltd.
Attention: Louise Bell
P.O. Box 698
St. Marys, Ontario, Canada
N4X 1B4

TICO # 50010159