

# Reading Sri Lanka 2019-Registration Form

**Note: this form must be printed before filling in.**

Participant 1

Name (as it appears in passport): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Participant 2

Name (as it appears in passport): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/ Zip: \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please reserve \_\_\_\_ place(s) for

**READING SRI LANKA 2019**

**READING SRI LANKA 2019 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

**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 Stonetown Travel

\_\_\_\_\_   
 sign please

to charge the amount of \_\_\_\_\_ Deposit \$800.00 CDN per person

to charge the amount of \_\_\_\_\_ Final Payment November 14, 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