



# 20<sup>th</sup> Anniversary Celebration and Spiritan Experience

## October 7-13, 2020

### Reservation Form

**Passenger 1:** Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Exactly as it appears on passport)  
Passport Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Name Badge: \_\_\_\_\_  
Share room with \_\_\_\_\_

**DIETARY RESTRICTIONS:** \_\_\_\_\_ I am a vegetarian I'm allergic to: \_\_\_\_\_  
*A vegetarian option will be offered to those who require it. We will do our best with allergies.*

**Passenger 1 Emergency contact:**  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Passenger 2:** Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Exactly as it appears on passport)  
Passport Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Name Badge: \_\_\_\_\_  
Share room with \_\_\_\_\_

**DIETARY RESTRICTIONS:** \_\_\_\_\_ I am a vegetarian I'm allergic to: \_\_\_\_\_  
*A vegetarian option will be offered to those who require it. We will do our best with allergies.*

**Passenger 2 Emergency contact:**  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**OVER**

**STEP 1: Choose Rome Package:**

(Your name \_\_\_\_\_)

\_\_\_\_\_ **Duquesne in Rome 20<sup>th</sup> Anniversary and Spiritan Experience (Oct. 7-13, 2020)**

**Land-only Package - 5 nights: October 8,9,10, 11 & 12. Prices are in \$US.**

_____	Double Occupancy (\$3495 per person)	<b><u>\$6990</u></b>
_____	Single Occupancy	<b><u>\$4870</u></b>

**Deposit of \$1000 (+3% for credit cards) per person is due by February 15, 2020.**

**If paying by check, make check payable to: Ambassador Travel.**

**STEP 2: Add your totals:**

*Total Rome Package* \_\_\_\_\_

*Total Deposit Enclosed* \_\_\_\_\_

***Air arrangements are in addition and Ambassador Travel can assist***  
**Final Payment Due: May 15, 2020**

**Please mail this form to Ambassador Travel see address below), along with your check payable to "Ambassador Travel". Credit card payments may be made by telephone at the number below. Make a copy of all this for your records!**

**Bob Thompson**  
**Ambassador Travel Service**  
**1409 Duncan Avenue**  
**Pittsburgh PA 15237**  
**412 366-7200 x115**  
**800 924-4300**

**Email: [Bob@AmbassadorTravelPghPA.com](mailto:Bob@AmbassadorTravelPghPA.com)**

**Cancellation deadline: May 15, 2020**

**Penalty for late cancellation: Deposit fully refundable until the May 15th deadline. No refunds possible after that date.**

***Cancellation insurance is strongly recommended; contact Ambassador Travel for details.***

**"I have read and agree to the terms as per this Registration"**

Signed \_\_\_\_\_ Date \_\_\_\_\_ Print Name: \_\_\_\_\_

