

Please read and complete this form carefully and then return along with your deposit of \$500 per person and copy of the photo page of your passport to:



Application Form

Janice Olson, Office of Continuing Education, University of Wisconsin, La Crosse, 1725 State Street, 205 Morris Hall, La Crosse, WI 54601 Tel: 608-785-6506 Fax: 608-785-6547 E-mail: olson.jani@uwlax.edu

PLEASE PRINT

Trip Name: Exploring the ABC Countries of Argentina, Brazil and Chile with Learning in Retirement

Departure Date: October 24, 2009

Full Name _____
As listed in your passport (First Name) (Middle Name) (Last Name)

Birthdate _____ Birthplace _____ Citizenship _____ Sex _____

Mailing Address _____

Home Phone _____ Business Phone _____ Fax Number _____

Mobile Phone _____ E-mail Address _____

Passport Number _____ Date of Issue _____ Date of Expiration _____ Place of Issue _____

From which country is the passport you will be traveling with? _____

Describe Your Health _____

Are you presently under a doctor's care or taking any medication? (if yes, please elaborate on the back of the form) _____

In Case of Emergency Please Notify (name, relationship and telephone number) _____

AIRLINE ARRANGEMENTS

I would like Distant Horizons to make our air reservations and would like them to contact me to discuss this _____

We will assume that you will make your own air reservations if you do not answer the above. If you are making your own air reservations to Manaus and from Buenos Aires please complete the following:

Please indicate your arrival airline and date in Manaus _____

Please indicate your departure airline and date from Buenos Aires _____

Will you require additional accommodation in Manaus at the beginning or in Buenos Aires at the end of the trip? If so how many nights and which nights? _____

Please note an overnight in Miami has been included on November 10.

Airline Seating Preference _____ Special Meal Request _____

ACCOMMODATIONS

Learning in Retirement and Distant Horizons will do all possible to satisfy requests to share rooms for single tour members. On occasions when it is not possible, the single room supplement will apply.

I will share a double room with _____ **OR** I would like a single room

I have read the terms and conditions and agree to abide by them:

Signature

Date