



Please return to: InterTrav Corporation  
203 State Avenue  
St. Charles, IL 60174

Telephone: 630/377-5840  
Toll-Free: 800/624-8338

### Registration Form

Please reserve \_\_\_\_\_ places for me/us on the *Italia 1945 - 2020 Tour*. Enclosed is my/our check in the amount of \$\_\_\_\_\_ (\$500 deposit per person). We will confirm your reservation upon receipt of your registration form.

Please make checks payable to: *InterTrav Corporation*

- I/we wish to travel on:*    Pre-Tour, Florence & Hill Towns    Pre and Main Tour  
                                     Florence & Hill Towns Only    Main Tour Only

Mr.    Mrs.    Ms. \_\_\_\_\_ *Child's Age*  
*(Please PRINT full first, middle and last name – identical to passport.)*

Mr.    Mrs.    Ms. \_\_\_\_\_  
*(Please PRINT full first, middle and last name – identical to passport.)*

**\* If you are signing up more than two travelers, please attach a separate list with the additional names and other pertinent information.**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code                          Home                          Area Code                          Business Phone or Cell Phone

Email Address: \_\_\_\_\_

**Widow:**  Yes    No    **Descendant:**  Yes    No    **Other:** \_\_\_\_\_

**Preferred first name(s) for name badge and Army Unit for each member of your party:** \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE BOX:**

- I will share a room with (if other than my spouse) \_\_\_\_\_
- I do not have a roommate but will share. If a roommate cannot be found, I will pay the single supplement(s).
- I desire single room accommodations at the supplementary charges.

**I/WE WOULD LIKE INTERTRAV TO PROVIDE AN AIRFARE QUOTE OUT OF THE FOLLOWING CITY:** \_\_\_\_\_