Sound Advice: Mozart Week – Jan. 21 – Jan 31 2011 **Registration Form**

Passenger 1: Name exactly as it appears on passport

Nickname (short name)	Date of birth
Passport Number and Nationality – a passport is required and must be valid until your return to Canada (at least until Feb 2, 2011)	Passport Expiry Date

Passenger 2 (if same address) Name exactly as it appears on passport

Nickname (short name)	Date of Birth
Passport Number and Nationality – a passport is required and must be valid until your return to Canada (at least until Feb 2, 2011)	Passport Expiry Date

Address

City Province Postal Code

Email	Phone ( )

Circle preferred Hotel Arrangement: Separate beds Share Bed Single Room

Roommate's Name

Air Arrangements: Please circle your preference

1. I/We are arranging our own flights 2. I/We want to book our flights through you

NB: Our first night together in Salzburg is January 21, 2011. Plan your departure from North America accordingly

Special Needs: Please indicate any requirements about your diet restrictions, etc.

Aeroplan Number (if booking your flights with us)

Schedule of payments

Now: $500 ***November 2***: Trip Balance Due ***Flights, concerts, and other arrangements will be billed separately.***

With your first payment, a firm contract exists between you and Vision 2000 Travel Group Deposit: refundable (minus $200 administration fee) until Nov. 1, 2011. After this date, no refunds for the tour will be given. Concert payment (due when tickets become available) is non-refundable. Flight cancellation is subject to airline cancellation penalties. Trip Cancellation insurance is highly recommended.

Payment Methods:

Cheque: Make personal cheques payable to **Vision 2000 Travel Group** Please note on cheque "Mozart Week 2011"
Credit Card: Please print and complete the credit card authorization form (the link is on homepage) and return with this form

Insurance: *It will be essential that you are covered by adequate travel insurance. We use RBC insurance. Please see RBC insurance information page (link is on homepage). Before the trip, some form of cancellation insurance is recommended. Please circle your preference below (1 or 2). If declining insurance (option 2), please sign.*

1. I'm interested in purchasing insurance from you and would like more information about RBC travel insurance
2. I/We decline to purchase insurance from you

Signature(s) 1. _____2_____

Please return this form with payment to

Vision 2000 Travel Group, 1200 Sheppard Ave. East Suite 201, Toronto ON M2K 2S5 attn: Jane

Fax: 416-221-5605 Tel. 1-800-475-9494 ext 2243 Direct: 416-915-2243 Email: janec@vision2000.ca

Ontario Registration No. 04614152 and 04614137