



**Festival of World Sacred Music
MOROCCO, 2 – 15 June 2005**

School of Religion, Claremont Graduate University
831 North Dartmouth Avenue, Claremont, CA 91711
Telephone (909) 607-9592 · FAX (909) 607-9587

PASSENGER INFORMATION:

Name* _____ **DOB** _____
** Name of passenger must match the exact name on passport*

Companion* _____ **DOB** _____
** Name of passenger must match the exact name on passport*

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____ **Email** _____

Passport Information: Number _____ **DOE** _____

Place of Issue _____

Travel Accommodations: Economy _____ **First-Class** _____

CREDIT CARD INFORMATION:

Type: Visa [] **M/C** [] **Name on Card** _____

Number _____ **Exp.** _____

Billing Address: *check if same as address above* [] _____

City _____ **State** _____ **Zip** _____

DEADLINES:

Monday, February 28: Non-Refundable Deposit: \$350.00

Monday, March 28: Payment: \$1250 for Economy
\$2950 for First Class

REFUND POLICY: Full refunds will be given for all cancellations made before Friday, April 15; a charge of \$150.00 per person will apply.

INSURANCE OPTION: In the event of illness only, a full refund will be given for an additional insurance charge of \$135.00 per person.

Yes, I would like insurance:
for myself [] **for my companion** [] **neither** []

AGREEMENT: I authorize the use of my credit card for travel purposes only as requested by myself by phone or in writing.

Signature

